The surgical procedure described above has been thoroughly explained to me. I acknowledge that no guarantee or assurance has been given by anyone as to the results that may be obtained. I acknowledge that the possibility of complications could arise, they may or could include:

A. Swelling
B. Infection
C. Thick scar
D. Rejection of surgical implant
E. Flail (loose) toe
F. Disability
G. Delayed healing
H. Extended discomfort
I. Phlebitis (blood clot)
J. Recurrence of problem
K. Medication reaction

L. Suture reaction
M. Numbness
N. An elevated or longed toe
O. Bleeding (excessive)
P. Joint stiffness
Q. Transfer of callous to another area of foot
R. Toenail removal procedures have risk of regrowth of the nail or loss of the entire toenail.

I certify that the doctor explained to me in terms I could understand and answered my questions concerning the above. I authorize the above doctor to administer such treatment to me (or to ___________________________).

Signed

Date:

Witness

Date: