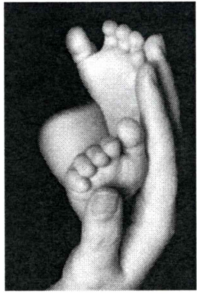


**CENTRAL KANSAS PODIATRY ASSOCIATES**  
**STATE OF THE ART PODIATRIC CARE**

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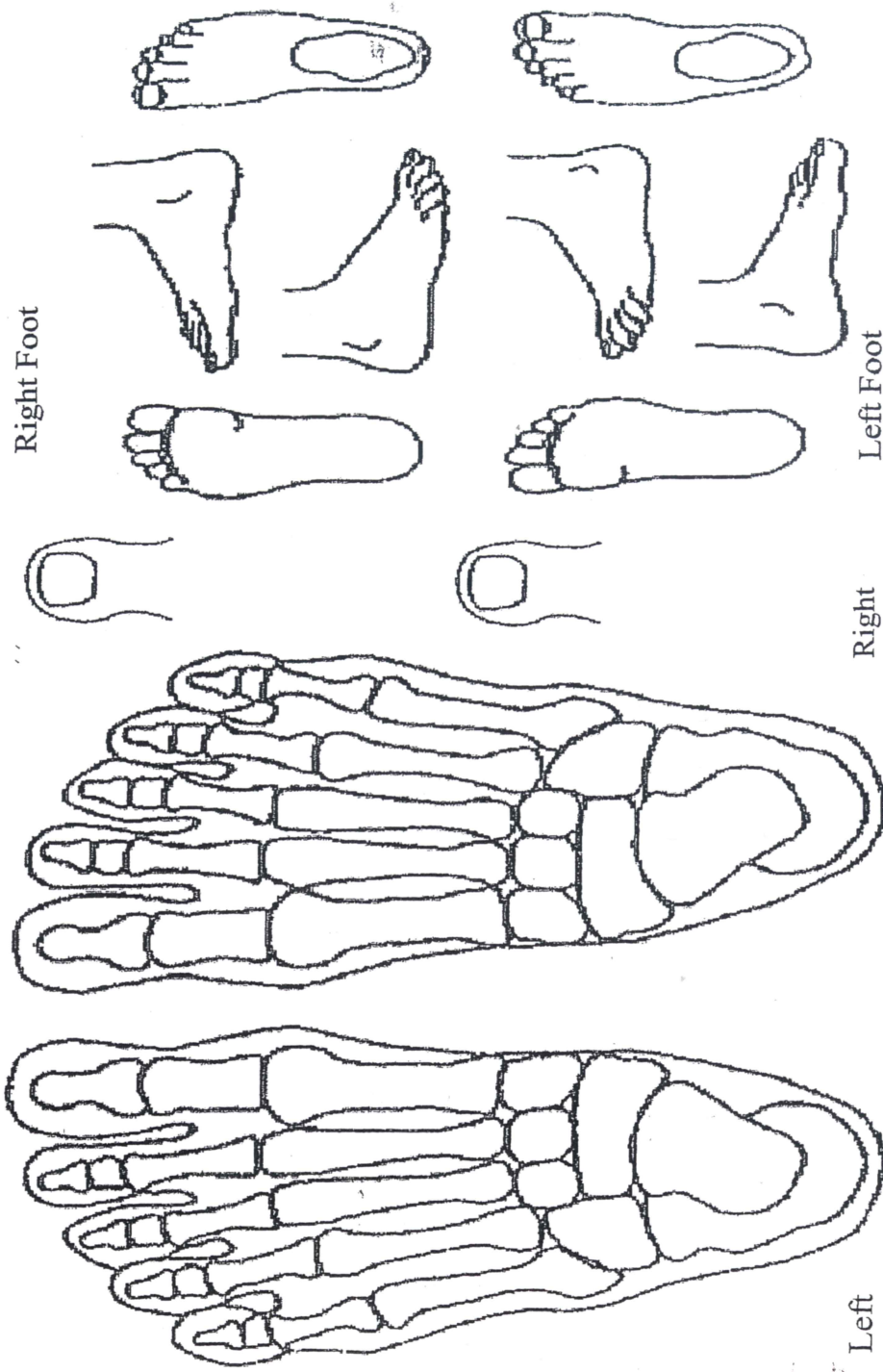
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Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Pre - Operative Diagnosis: \_\_\_\_\_

Proposed Surgery: \_\_\_\_\_



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 \_\_\_\_\_  
 Witness \_\_\_\_\_

Date: \_\_\_\_\_  
 Date: \_\_\_\_\_