



Alexandria Family Podiatry  
2843 Duke Street, Alexandria VA 22314  
Phone: (703) 823-2357 Fax: (703) 823-1572  
www.alexandriafamilypodiatry.com

### **CONSENT FORM FOR LASER TREATMENT OF ONYCHOMYCOSIS**

The 1064nm wavelength laser can treat most toenail fungus by penetrating the nail and destroying the fungus embedded in and under the nail plate. The laser has a controlled thermal effect and it is normal to feel a heating sensation. As a result, there may be some discomfort but there have been no reported adverse reactions, injuries, disabilities or side effects. As with any procedure, there is some risk of side effects that are unknown.

Please initial each section below:

1. \_\_\_\_ I understand that the 1064nm laser is being used for treatment of onychomycosis (toe nail fungus) and that my result is not guaranteed. The severity of the fungal condition as well as other factors strictly governed by me such as lifestyle and hygiene may affect my results.
2. \_\_\_\_ I understand that depending on the severity of my fungal infection, more than one laser treatment may be necessary to achieve a positive change or improvement.
3. \_\_\_\_ I understand that the laser treatment for onychomycosis is considered a cosmetic treatment and is not covered by insurance. No attempt to obtain authorization for payment from my insurance company will be made.
4. \_\_\_\_ I understand that photographs may be taken before and/or after my procedure. I further agree that these photographs can be used in any manner necessary for medical documentation or publication.
5. \_\_\_\_ I understand the risks and alternatives involved in this procedure.
6. \_\_\_\_ I understand that if I select a treatment plan that includes more than one laser treatment, I must complete all laser treatments within two years of initial laser treatment. After two years, any unused treatments will expire. Unused treatments are not transferrable.
7. \_\_\_\_ I understand that it is my responsibility to schedule a follow-up visit with the doctor to evaluate my nails 90-120 days after a treatment is performed. Fees for any follow-up office visits are separate from laser treatment fees.
8. \_\_\_\_ I understand that payment in full for the laser treatment is due on the same day as the procedure.
9. \_\_\_\_ I certify that I have read, or have had read to me, the contents of this form. I have had the opportunity to ask any questions that I have, and all my questions have been answered to my satisfaction.

With all the above information taken into consideration, I am choosing to have the 1064nm wavelength non-invasive laser treatment for toenail fungus.

I agree to the terms of this agreement.

Patient's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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