CONSENT FORM

Partial/Complete Nail Avulsion With/Without Matrixectomy

(1) I, _____ hereby consent to undergo the surgical procedure entitled:

☐ Partial ☐ Complete Nail Avulsion ☐ With ☐ Without Matrixectomy

(2) The nature and anticipated effect of what is proposed, including the significant risks (post-operative infection, reperfusion injury, nail trauma/deformity, infection and necrosis of the digit). I am satisfied with these explanations and I have understood them.

(3) I also consent to such additional or alternative investigations, treatment or operative procedures as in the opinion of Dr. Henry Chapeskie are immediately necessary.

(4) I further agree that in his discretion, Dr. Henry Chapeskie may make use of the assistance of other physicians, medical residents, medical students and/or office medical staff (including trainees) and may permit them to order or perform all or part of the treatment and/or operative procedure, and I agree that they shall have the same discretion in my investigation and treatment as Dr. Henry Chapeskie.

(5) I also consent to a digital photograph record to be taken (pre-operatively and possibly post-operatively) for teaching purposes and for documentation of the pre-operative and possibly post-operative toe condition.

(6) I consent to photographs and/or videos of my toe(s) being used:

On our website:	( ) Agree	( ) Disagree
In teaching presentations:	( ) Agree	( ) Disagree
In research articles:	( ) Agree	( ) Disagree

NOTE: You will not be identified from your photos/videos. No identifying information will be used (such as your name, date of birth, address, surgery date, etc.)

(7) If I choose to communicate with Dr. Henry Chapeskie via electronic means (such as text or email), I understand the risk of electronic communication. I understand that Dr. Henry Chapeskie and his staff are unable to guarantee the security and confidentiality of text messages or emails.

Dated: _____

_____ _____

(Patient Signature) or (Parent/Guardian Signature) (Print Name)

_____ _____

(Witness) (Print Name)