



Surgery Consent Form

I consent to the following procedure/s being carried out under local anaesthesia by our Podiatric Surgeon Alex Adam and surgery staff.

The procedure/s being for.....
.....
related to Ingrown Toe Nail surgery for either one toe/both toes or additional Nail surgery required.

I consent to the use of audio visual equipment throughout this procedure to be used only for clinical education only for Alex Adam Podiatry purposes.

I acknowledge that no guarantee or assurance has been made as to the results that may be obtained from this procedure. And that the purpose , nature and risks of this procedure have been fully explained to me.

I agree that all information regarding my medical history and any allergies have been discussed thoroughly with my practitioner.

Signature of parent: Date: / / .

Signature of guardian (if required): Date: / / .

Witness: Date: / / .