**Consent Form For Nail Surgery**

I,………………………………………………………………, hereby consent to having a nail procedure performed.

This procedure involves the injection of a local anaesthetic (lignocaine/bupivacaine), the application of a tourniquet and a partial/total removal (avulsion) of nail. An acid called phenol will be used to sterilise/cauterise the nail matrix to prevent nail regrowth in the future.

I acknowledge that I have read the information sheet on nail surgery that has been provided by Craig Wanless and that I understand it to my satisfaction.

I agree and consent to nail surgery and understand that even though the procedure is carried out with due care it may not give the intended result, and I accept this prospect.

We have discussed possible adverse effects………………………………………………………………………

I know that I can withdraw my consent at any time.

SIGNED: ……………………………………………………………………………………………………………………………

WITNESS: ……………………………………………………………… …………………………………………………………

 (Name)

PRACTITIONER: ………………………………………………………………………………………………………………..

DATE: / /