

INGROWN TOENAILS

I came to the office of Dr. Pivovarov on _____ for evaluation and treatment of the following condition: chronic pain, swelling, and infection resulting from ingrown toenail(s).

We discussed the different treatments possible, risks of the procedure including pain from the administering anesthetic through the needle, allergic reaction to anesthetic, damage to one of the digital nerves with permanent numbness of part of the toe, deep spread of injection, anaphylaxis, bleeding and the alternative of not treating the condition. Based on the advice given by Dr. Pivovarov and my own judgment, I agree to undergo procedure: removal of the offending toenail(s).

Local digital anesthesia will be used, sterile techniques followed, and topical ointment and gauze dressing applied.

We discussed the different outcomes that could occur and most of the possible complications. I am aware that other complications could occur that we could not foresee. I agree to follow the instructions for self-care after the procedure and to return for follow-up care on _____

I will call the office or answering service if any problems arise before the scheduled follow-up visit.

Patient's signature _____ Date _____

Clinician's signature _____