



AESTHETICS & WELLNESS

**ONYCHOMYCOSIS LASER TREATMENT CONSENT**

This is an informed consent document that has been prepared to help inform you of onychomycosis laser treatment, its risks, as well as alternative treatments. It is important that you read this information carefully and completely. Please read each page and sign the consent.

**Introduction**

Onychomycosis, or toenail fungus, is a common nail pathology which has proven to be challenging to treat. There are oral medications (antifungal therapy) and topical creams that are known to be effective, but the treatment is often long and can be hard to follow. Also, there are potential side effects with taking the oral medications. Laser therapy has been used for many years to help treat toenail fungus. The laser delivers selective photothermolysis (short heat impulses) that kills the fungus.

**Risks of laser therapy for onychomycosis**

Immediately following the procedure, your nail may feel warm for a few minutes. The majority of patients can resume normal activities immediately. If the treatment is successful, as the nail grows you will see new, healthy nail. Nails grow slowly, so it may take up to 12 months to see an entirely clear nail. Long-term recurrence rates of onychomycosis range from approximately 20 to 50 percent, regardless of treatment chosen. The success of treatment increases if post care instructions are followed. Often, more than one laser treatment is needed to treat toenail fungus.

The alternative treatments to toenail fungus are oral medications (antifungal therapy) and topical creams. Toenail fungus does not always need to be treated, but can be treated for aesthetic and comfort reasons.

My signature below acknowledges that I have read and understand the content of this informed consent. I have been given ample opportunity to ask questions, all of which have been answered in a satisfactory manner. I understand that results can vary and that no guarantee, neither expressed nor implied, has been or will be, given to me regarding my results. I'm aware of the risks and benefits associated with the procedure, as well as available alternative treatments. I understand that this is an elective procedure, performed solely for cosmetic purposes, and is not critical to my health. On my own free will, I am requesting and providing my informed consent, to undergo this procedure. I assume all risks as my own and agree to hold harmless, Aria Aesthetics and Wellness, PLLC and their providers, and any other staff member, affiliate, or independent contractor. I hereby release them from any liability, both seen and unforeseen, now and forever.

Patients or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_