



11824 Jollyville Rd. #101 Austin, TX 78759 (512) 445-NAIL

History Form

Please understand that this examination and treatment is focused on your toenails. Please tell us if you have other foot problems. We are happy to see you for those problems at another time.

The treatment of fungus toenails with laser is an "off label" use of the laser. The specific laser we use has been fully approved for treatment of skin and nail conditions by the FDA, but has not been specifically approved to treat onychomycosis or fungal toenails. Currently, the manufacturer has applied for this approval and is waiting for a determination. Until the FDA application is approved, the consent for the treatment must not make any guarantees. A health history will help our doctors determine if this treatment is likely to be effective for you specifically.

Please answer the following questions:

1. How long have you had fungus toenails? _____
2. How many nails are affected? _____
3. Has it spread from one area to another? _____
4. What have you tried to get rid of the fungal toenails?

5. Do you have Diabetes? If so, please describe:

6. Do you have any diseases or take any medications that weaken your immune system? If so, what? _____

7. Are there other foot problems you would like to treat? _____



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I consent to the use of the Q-Clear laser for fungus infection in my toenails. I understand that this visit and the procedure are not covered by my insurance and will not be submitted to my insurance. I understand that no guarantee can be made and sometimes further treatments are needed. I understand that my chances for success are increased by using a topical antifungal on my toenails to prevent re-infection and by disinfecting my shoes. (We have products for this.) I also understand that my toenails can get re-infected and this would require further treatment.

Laser treatment is not painful. Since toenails grow slowly it may take from nine months to two years to see complete clearing of the toenail – even though the toenail is fungus free.

I have read and understood the information and consent to the laser treatment of my fungal toenails. My financial responsibility today: _____

Signature

Printed name

Date