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## HISTORY AND PHYSICAL FORM

NAME \_\_\_\_\_ DATE \_\_\_\_\_

### YOUR PAST MEDICAL HISTORY

- |   |   |
|---|---|
| <input type="checkbox"/> DIABETES             | <input type="checkbox"/> PSORIASIS          |
| <input type="checkbox"/> HIGH BLOOD PRESSURE  | <input type="checkbox"/> SKIN PROBLEMS      |
| <input type="checkbox"/> HIGH CHOLESTEROL     | <input type="checkbox"/> NERVOUS CONDITION  |
| <input type="checkbox"/> SEIZURE DISORDERS    | <input type="checkbox"/> STROKE             |
| <input type="checkbox"/> BLEEDING DISORDERS   | <input type="checkbox"/> SICKLE CELL ANEMIA |
| <input type="checkbox"/> HEART DISEASE        | <input type="checkbox"/> HEPATITIS          |
| <input type="checkbox"/> OTHER, EXPLAIN _____ |   |

### CURRENT MEDICATIONS / DOSAGE

### PinPointe FootLaser Treatment Consent

The patented Patholase PinPointe FootLaser can treat most toenail fungus by penetrating the nail and destroying the fungus embedded in, and under, the nail plate. The laser has no effect on skin or soft tissue. In clinical studies there have been no adverse reaction, injuries, disabilities or known side effects. The laser itself is FDA approved to kill fungus, bacteria, yeast and mold and is cleared by the FDA for treatment for toenail fungus. As with any procedure there is some risk of side effects that are unknown.

**I understand that this laser will not work on nails that are thick due to trauma, if I have previously been diagnosed as having Psoriasis, Lichen Planus, Pityriasis rubra pilaris, Darier's disease, Eczema, malignancy with radiation, or any other condition that can cause a thickening of the toenail. I also understand that this is a TREATMENT and not a CURE, that nail fungus is hard to treat and has a high rate of reoccurrence if steps are not done to prevent and control the fungus on the skin and nails.**

I understand that some clinical results may vary in different patients. The clinical studies, done over the past year, reveal that over 88% of treated patients show significant nail improvement with one Laser Treatment.

I understand and acknowledge that complications can arise, albeit they are rare. These possible complications can be but not limited to: scarring, burns, excessive tissue destruction, ulceration, edema, or failure of the procedure.

I understand that the fungus may not be completely destroyed, that the nail may become re-infected, or there may be other types of infections present. The nail may continue to be discolored or not attach to the nail bed. This treatment will not change the shape, width, or other deformity of the nail plate. It may be necessary to perform additional treatments to obtain the optimum results. If within 6-12 months I or the physician feels another treatment will be necessary, I can receive that treatment at the price of \$400. With this in mind, I am choosing to try the PinPointe FootLaser treatment for toenail fungus.

I understand that photographs may be taken before and/or after my procedure. I further agree that these photographs can be used in any manner necessary for medical documentation or publication.

I certify that I have read, or have had read to me, the contents of this form. I understand the risks and alternatives involved in this procedure. I have had the opportunities to ask any question that I had, and all my questions have been answered. I also acknowledge that this is a cosmetic procedure and no guarantees are given. I agree to the terms of this agreement.

I acknowledge that a fungus infection has been confirmed with a lab test.

I acknowledge that a fungus infection has not been confirmed with a lab test and I choose not to have a test performed.

Patient's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_