



COOLTOUCH

Consent Form for Laser Treatment for Onychomycosis

The CoolTouch mid-infrared wavelength laser can treat most toenail fungus by penetrating the nail and destroying the fungus embedded in and under the nail plate. In clinical studies, there have been no major adverse reactions, injuries, disabilities or known side effects. As with any procedure there is some risk of side effects that are unknown.

Please initial each section below.

___ I understand that the CoolTouch laser is under investigation for treatment for onychomycosis (toe nail fungus) and that my result is not guaranteed

___ I understand that the laser treatment for onychomycosis is considered a cosmetic treatment and is not covered by insurance. No attempt to obtain authorization for payment from your insurance company will be made.

___ I understand that clinical results may vary in different patients. I understand that the fungus may not be completely destroyed, that the nail may become re-infected or there may be other types of infection 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.

___ I understand it may be necessary to perform additional treatment(s) to obtain optimum results.

___ 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 understand the risks and alternatives involved in this procedure.

___ I certify that I have read, or have had read to me, the contents of this form. I have had the opportunity to ask any question that I had, and all my questions have been answered.

With all the above information taken into consideration, I am choosing to have the CoolTouch mid-infrared wavelength non-invasive laser treatment for toenail fungus.

I agree to the terms of this agreement.

Patient's Name: _____

Signature: _____

Date: _____

Witness: _____