



The Vale Foot Clinic

90 High Street Barry, CF62 7DY

Dinas Powys Medical Centre,

Dinas Powys CF64 4RE

Tel - 01446 677 117

Patient agreement to investigation or treatment

Patient Name:	
Patient Date of Birth:	

Proposed Treatment or course of action:
.....
.....
.....
.....

I have explained the procedure and what it will involve to the patient. In particular, I have explained the following intended benefits

Treatment Benefits

and the following risks :

Treatment Risks

I have also discussed the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns the patient has.

Podiatrist Name:		
Signature		Date:

I confirm that the procedure has been satisfactorily explained to me and that I wish to go ahead with the procedure.

Patient Name:		
Signature		Date: