



# The Vale Foot Clinic

90 High Street Barry, CF62 7DY

Dinas Powys Medical Centre,

Dinas Powys CF64 4RE

Tel - 01446 677 117

## Lacuna Nails Treatment - Consent Form

Patient Name:	
Patient Date of Birth:	
Address:	

I ..... hereby give my consent for the Vale Foot Clinic to deliver treatment using the Lacuna Method for treating fungal nails. The procedure and possible complications have been explained to me in full and any questions I have were answered. I understand that this treatment will require my compliance to follow instructions that I have been given by The Vale Foot Clinic. I also provide my consent for photos to be taken and digital information stored on my clinical records at The Vale Foot Clinic.

Clinician's Name:		
Clinician's Signature:		Date:
Patients Name:		
Patient's Signature:		Date: