**Nail Bracing Consent Form**

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**Patient Name:**

I confirm that the procedure and treatment plan has been explained to me, and I have been given the opportunity to discuss other options that might be available to me. I understand there is no 100% guarantee of treatment success.

I consent to the taking of photos, and their storage, during the course of the treatment as required, in order to assess and monitor progress.

**Signed (Patient)**

**Signed (Practitioner)**

**Date:**