NailLift™ Application

Informed Consent & Acknowledgement

NailLift™ is a conservative nail-correction system designed to apply controlled mechanical force to an involuted or ingrown toenail. The goal of treatment is to reduce pressure at the nail margins and encourage the nail toward a more comfortable shape as it grows.

Please read the following information carefully. Ask your practitioner any questions you may have before treatment.

1. Health & Safety Screening

NailLift treatment may not be appropriate when certain medical conditions, infections, or changes to the nail or surrounding skin are present.

Please inform your practitioner if you have, or suspect you may have:

- Active bleeding, drainage, pus, significant redness, swelling, or other signs of infection around the nail.
- An open wound, ulceration, or significant injury involving the toe or surrounding tissue.
- A known or suspected contagious infection affecting the nail, foot, or surrounding skin.
- Significant circulatory impairment, loss of sensation, or another medical condition that may affect healing or the safety of treatment.
- Diabetes, particularly if you have complications affecting circulation, sensation, wound healing, or the feet.
- A nail or skin condition that has not been assessed or diagnosed and may require medical evaluation.
- Any other health condition that your practitioner should be aware of before providing treatment.

Your practitioner may decline or postpone NailLift treatment and recommend medical assessment when treatment cannot be provided safely.

☐ **I have disclosed relevant medical conditions and changes to my nail, toe, or foot that may affect the safety of treatment.**

2. Potential Risks & Temporary Reactions

Although NailLift is designed to provide conservative mechanical correction, individual responses vary.

Possible risks or reactions include:

- Temporary pressure, tenderness, or discomfort following application, particularly with highly curved, sensitive, damaged, or short nails.
- Irritation of the nail or surrounding skin.
- Cracking, splitting, lifting, or other damage to the nail plate.
- Partial or complete detachment of the NailLift brace.
- The brace catching on socks, footwear, bedding, or other materials if it becomes loose or exposed.
- The need for adjustment, removal, replacement, or additional applications.
- Incomplete correction or recurrence of the nail curvature or symptoms.

Severe pain, increasing redness, swelling, drainage, bleeding, or other signs of infection are **not expected reactions** and should be assessed promptly.

☐ **I understand the potential risks and temporary reactions associated with NailLift treatment.**

3. Care of Your NailLift Brace

Follow the aftercare instructions provided by your practitioner.

Do not pull, peel, cut, or forcibly remove the NailLift brace yourself. Improper removal may damage the nail plate.

If the brace becomes loose, partially detached, uncomfortable, or begins catching on clothing or footwear, contact your practitioner for advice or removal.

Keep the nail and surrounding area clean and monitor the toe for any significant changes.

4. Follow-Up

Nail correction occurs gradually as the nail grows. Depending on the nail and treatment goals, more than one NailLift application may be required.

Follow-up is an important part of treatment. Your practitioner will recommend an appropriate reassessment interval based on your nail and the application performed.

Please contact your practitioner sooner if:

- Pain or discomfort is significant or worsening.
- Redness, swelling, bleeding, or drainage develops.
- The brace becomes loose, damaged, or partially detached.
- The nail cracks, splits, or becomes damaged.
- You have any concern about the nail or surrounding skin.

Do not leave a loose or problematic brace in place while waiting for a routine follow-up appointment.

☐ **I understand the importance of following the aftercare and follow-up recommendations provided by my practitioner.**

5. Consent to Treatment

I confirm that I have provided accurate and complete information regarding relevant health conditions and the condition of my nail and foot.

I understand the purpose of NailLift treatment, the expected benefits, reasonable alternatives, and the potential risks and limitations of treatment. I have had the opportunity to ask questions and have received answers that I understand.

I understand that individual results vary and that no specific outcome or permanent correction can be guaranteed.

I voluntarily consent to the application of the NailLift system by my practitioner.

☐ **I have read and understood this form and consent to NailLift treatment.**

Client Name: _____

Client Signature: _____

Date: _____