

**Lunula Laser Treatment**  
**Patient Declaration of Consent**  
**Dr. Gregory Brockbank DPM**  
**P: 801-576-0476 | F: 801-576-0486**

**Patient Information:**

First & Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

During a patient meeting held on \_\_\_\_\_ (date) the clinic's treatment provider, Dr. Gregory Brockbank DPM, informed me that the toenail area will be treated using the Lunula Laser, which targets toenail fungus.

- I agree to complete the recommended series of treatments in order to maximize my clinical outcome. 4 weekly treatments, the 5th treatment is 3 months later, and the 6th treatment is another 3 months later.
- I am aware that this treatment is **NOT** covered by insurance, and therefore agree to pay for the treatment in full before the first session. \$1,000 for one foot, \$1,500 for both feet.
- The Erchonia Lunula Laser uses low level laser light to target toenail fungus. Lunula is FDA market cleared to effectively target the appearance of this condition. This treatment is painless and non-thermal with no dangerous smoke plumes or vapors, and requires no anesthesia. I understand that there is no guarantee that this laser treatment will cure the fungus on my toenails. See our Lunula Laser pamphlet for more information.
- I consent to the procedure and to the tracking of my treatment/outcome data.
- I declare that I have read and understood the patient information and the entire contents of the declaration of consent.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_