

LIMB SALVAGE INSTITUTE, LLC



Wound Care on Wheels

PERMISSION FOR WOUND/ULCER TREATMENTS

1. I hereby authorize the Limb Salvage Institute to perform surgical debridements, wound/ulcer care and/or other treatments considered to be medically necessary in the management of the wound/ulcer.
2. The Limb Salvage Institute provider has explained to me the nature and purpose of debridements, wound care and other treatments and has informed me of the benefits and complications. I have been given an opportunity to ask questions and my questions have been answered satisfactorily.
3. Any tissue removed during treatment may be examined and disposed of within accustomed practice.
4. I acknowledge that no guarantees or assurances have been made.
5. I hereby consent for photographs to be taken of me. They may be used for educational purposes and may be published. I understand that I will not be identified with any public use of this material.
6. I consent to correspondence with my insurance company, wound care and pharmaceutical product reps, other physicians and members of the healthcare community, etc. in order for the Limb Salvage Institute's wound team to address issues related to my wound care.
7. I confirm that I have read this fully and understand the above.

Patient's Signature

Date

I hereby certify that I have explained the nature, purpose, benefits, risks and alternatives for the proposed wound care and/or treatment program. I have offered to answer all questions. I believe that the patient fully understands what I have explained and answered.

Limb Salvage Institute Provider

Date