MIDWEST INTEGRATIVE HEALTH LLC

MIH - Skinvive Consent Form

SkinVive Consent

SkinVive by Juvéderm is an FDA-approved injectable treatment designed to improve skin smoothness and hydration using hyaluronic acid microdroplets. It is not a volumizing filler but a skin-quality enhancer intended for the cheeks and other approved areas

Purpose of Consent

This form provides information about the SkinVive procedure, its benefits, risks, and alternatives, and obtains your voluntary consent for treatment by Jessica Thorman, APRN, FNP-C, or designated member of Midwest Integrative Health.

Procedure Details

Administered via microinjections into the dermis

Duration: Approximately 30 minutes

Results may last up to 6 months

Multiple sessions may be recommended

Risks and Side Effects

Potential risks include:

- · Redness, swelling, bruising, tenderness
- · Itching or discomfort
- · Rare allergic reactions
- Infection or granulomas
- · Asymmetry or uneven texture

Alternatives to SkinVive treatment:

- Topical skincare
- Microneedling
- Laser resurfacing
- No treatment

Important Considerations

I understand that individual results vary and are not guaranteed.

I have disclosed all relevant medical history, including allergies, medications, and skin conditions.

I am not pregnant or breastfeeding, or I have discussed this with my provider.

I understand that post-treatment care is essential for optimal results.

Consent Statement

I consent to receive SkinVive treatment administered by Jessica Thorman, APRN, FNP-C, or qualified member of Midwest Integrative Health

I have had the opportunity to ask questions and all have been answered to my satisfaction.

I understand the nature of the procedure, its risks, benefits, and alternatives.

I voluntarily choose to proceed.

BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I HAVE READ AND UNDERSTAND THE SKINVIVE CONSENT FOR MIDWEST INTEGRATIVE HEALTH, LLC, AND THAT I AM SIGNING THIS FORM VOLUNTARILY.

Date