# *MIDWEST INTEGRATIVE HEALTH LLC*

## MIH - Tri-Immune Consent Form

### Tri-Immune Consent Form

**Purpose of Injection:**

The Tri-Immune injection is a high-dose intramuscular injection formulated to support immune health, boost antioxidant levels, and promote overall wellness. This injectable supplement typically includes:

**Vitamin C** – a powerful antioxidant that supports immune defense

**Glutathione** – a detoxifying antioxidant that helps protect cells from damage

**Zinc** – an essential mineral for immune function, wound healing, and cellular repair

This treatment may be recommended to support immune health during illness, recovery, or times of increased physical or mental stress.

**Expected Benefits:**

Support of immune system function

Antioxidant support and cellular health

Enhanced detoxification

Improved energy and recovery

**Possible Side Effects and Risks:**

Although Tri-Immune injections are generally well-tolerated, possible side effects may include:

Pain, swelling, or redness at the injection site

Allergic reaction to any component of the injection

Headache or dizziness

Nausea or upset stomach

Mild flushing or warmth

Serious side effects are rare but may include anaphylaxis or other allergic reactions. Please inform your practitioner of any known allergies or past adverse reactions to supplements or injections.

**Contraindications and Precautions:**

Tri-Immune injections may not be appropriate for individuals with certain health conditions, such as:

Kidney disease or failure

History of sensitivity to vitamin C, zinc, or glutathione

Iron overload disorders (e.g., hemochromatosis)

Pregnancy or breastfeeding (discuss with your practitioner)

**Alternatives:**

Oral supplementation

Dietary and lifestyle modifications

No treatment

You have the right to refuse or discontinue treatment at any time without penalty.

**Patient Acknowledgment and Consent:**

By signing below, I acknowledge that:

I have been informed about the purpose, benefits, and potential risks of receiving the Tri-Immune injection.

I have disclosed any allergies, current medications, and relevant medical conditions to my provider.

I understand that individual results may vary and that this injection is not intended to diagnose, treat, or cure any disease.
I have had the opportunity to ask questions and all of my questions have been answered.
I voluntarily consent to receive the Tri-Immune injection from Jessica Thorman, APN, FNP-C, and/or her qualified medical staff.

**Consent:**

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of nonpayment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the informed consent and agree to the treatment with its associated risks. I hereby give consent for the Tri-Immune injection. I agree to inform my medical provider immediately if I have any side effects. I hereby release Midwest Integrative Health, LLC, Jessica Thorman, APRN, FNP-C and the person injecting the Tri-Immue injection of any damages or liability if anything were to occur.

BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I, , HAVE READ AND UNDERSTAND THE TRI-IMMUNE INFORMED CONSET FOR MIDWEST INTEGRATIVE HEALTH, LLC, AND THAT I AM SIGNING THIS FORM VOLUNTARILY. PLEASE SIGN YOUR FULL NAME BELOW IF YOU AGREE

Date: