MIDWEST INTEGRATIVE HEALTH LLC

MIH - PhysiQ360 Consent Form

Treatment Consent Form

I hereby authorize Jessica Thorman, APN, FNP-C and whomever he/she may designate to perform a series of non-invasive PHYSIQ 360 treatments on me. I understand that this procedure may be used for many different areas of concern on the body, not limited to thighs, abdomen, buttocks, and arms. The PHYSIQ 360 device combines laser energy (LZR) and electric muscle stimulation (EMS) to target subcutaneous fat and adjacent muscles.

The treatment series consists of 5 treatments every 7-14 days. Each session is approximately 28-36 minutes although the appointment is 45-60 minutes. Completing a full treatment series is necessary to maximize efficacy. You may get further improvement through additional treatments using the LZR alone, the EMS alone, or with STEP technology, depending on your goals. PLUS lymphatic drainage is an optional add-on to the procedure.

On the day of treatment, you are advised to wear comfortable clothing which allows for correct positioning during the treatment. You will be asked to remove all metallic accessories and electronic devices. Please inform us if you have any metallic or electronic implants (such as pacemaker, internal defibrillator, metallic IUDs, etc.). If you have visible hair in the area to be treated, we ask you to shave it at home the day prior to the treatment.

I understand I may experience redness, dryness, mild to moderate sunburn sensation and/or soreness post treatment. I understand all the potention side effects, as discussed with me prior to treatment. I understand that genetics, hormones, medication, and skin color may interfere with the ability to perform an effective treatment. I understand the post-treatment massage, twice daily, between sessions, is imperative to the quickest healing and best possibile result.

The procedure may result in the following adverse experiences or risks:

•DISCOMFORT/PAIN - Some discomfort and/or pain may be experienced during treatment.

•REDNESS/SWELLING/BRUISING - Redness (erythema) or swelling (edema) of the treated area may occur. There also may be some bruising.

•HYPOPIGMENTATION/HYPERPIGMENTATION - (Changes in skin color): - During the healing process, there is a possibility that the treated area may become either lighter (hypopigmentation) or darker (hyperpigmentation) in color compared to the surrounding skin. This is usually temporary, but it may be permanent.

•BURNS/WOUNDS/BLISTERS - Treatment can result in burning, blistering, or bleeding of the treated area(s).

•INFECTION - Infection is a possibility whenever the skin surface is disrupted, although proper wound care should prevent this. If signs of infection develop, such as pain, heat, or surrounding redness, please call our office (309) 837-0342.

•SCARRING - Scarring is a rare occurence, but it is a possibility if the skin surface is disrupted. To minimize the chances of scarring, it is important that you follow all post-treatment instructions as directed by your treatment provider.

•MUSCLE - Soreness, pain.

•SUBCUTANEOUS TISSUE - Firmness, hardness, nodules, asymmetry.

I acknowledge the following points have been discussed with me:

•Potential benefits of the proposed procedure, including the possibility that the procedure may not work for me;

•Possible complications/risks involved with the proposed procedure and subsequent healing period;

•All contraindications and exclusionary criteria.

•For women of childbearing age: By signing below, I confirm that I am not pregnant, do not intend to become pregnant anytime during the course of the treatment, and am not nursing.

•Photographic documentation will be taken. I hereby authorize the use of my photographs for teaching and marketing purposes.