

MIDWEST INTEGRATIVE HEALTH LLC

MIH - Morpheus8 Consent Form

Treatment Consent Form

I hereby authorize Jessica Thorman, APN, FNP-C and whomever he/she may designate, to perform a procedure with Ignite Minimally Invasive Handpieces. The handpieces are indicated for use in dermatological and general surgical procedures for electrocoagulation/contraction of soft tissue and hemostasis. The result is heating of the fibrous septa and papillary dermis, resulting in collagen contraction. This procedure is being used to treat my condition/medical diagnosis of Laxity and/or Adiposity.

Areas to be treated

☐ The areas for treatment have been reviewed with me today, and I am in agreement. I have been thoroughly and completely advised regarding the objectives of the procedure. I understand that the practice of medicine and surgery is not an exact science, and although these procedures are effective in most cases, no results have been guaranteed. I acknowledge that imperfections might ensue and that the operative result may not meet my expectations. I understand that skin tightening may not be fully apparent for 6-12 months after this procedure, that results vary from individual to individual, and that results are age-dependent.

☐ The treatment will involve applying heat to the adipose (fat) tissue and dermis using radiofrequency for therapeutic purposes and may be combined with Liposuction.

☐ I am aware of the following possible experiences and/or risks associated with the procedure:

-I consent to the administration of local and tumescent anesthesia. I understand that all forms of anesthesia involve risks and the possibility of complications, injury, or death.

Discomfort may be experienced during and/or after the treatment.

Some bruising and/or swelling may occur following the procedure. However, it should resolve in days, weeks, or months.

Temporary redness (erythema) and swelling of the treated area can occur.

Nerve injury

-Facial and body nerve branch injury - weakness of affected areas.

-Hyperactivity—temporary change in smile or any facial expression.

-Temporary numbness/tingling in the area treated.