

MIDWEST INTEGRATIVE HEALTH LLC

MIH - NAD+ Consent Form

NAD+ Consent Form

NAD (Nicotinamide Adenine Dinucleotide) is a coenzyme found in all living cells and plays a vital role in energy production, cellular repair, and neurological function. NAD injection therapy is used to support cellular health, improve energy levels, enhance cognitive function, and promote overall wellness.

Purpose of Consent

This form is intended to inform you about the NAD injection procedure, its benefits, risks, and alternatives, and to obtain your voluntary consent for treatment by Jessica Thorman, APRN, FNP-C, at Midwest Integrative Health.

Procedure Details

NAD is administered via intramuscular (IM) or intravenous (IV) injection.

Duration of effects may vary based on dosage and individual response.

Treatment frequency will be determined based on your health goals and provider recommendations.

Potential Risks and Side Effects

Although NAD therapy is generally well tolerated, possible side effects include:

- Flushing, nausea, or headache
- Muscle soreness at injection site
- Fatigue or lightheadedness
- Rare allergic reactions
- Changes in blood pressure or heart rate

Alternatives

- Oral supplements
- Lifestyle modifications (diet, exercise, sleep)
- No treatment

Important Considerations

I understand that NAD therapy is considered a wellness treatment and may not be FDA-approved for specific medical conditions.

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

I understand that results vary and are not guaranteed.

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

I understand that follow-up and post-treatment care may be recommended.

Consent Statement

I consent to receive NAD injection therapy 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 with treatment.

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.

PLEASE SIGN YOUR FULL NAME BELOW IF YOU AGREE

Date