MIDWEST INTEGRATIVE HEALTH LLC

MIH - Hydrafacial Consent Form

Hydrafacial Consent Form

Hydrafacial is the only hydradermabrasion treatment that combines cleansing, exfoliation, extraction,hydration and antioxidant protection simultaneously, resulting in clearer, more beautiful skin with little-to no downtime. The treatment is soothing, moisturizing, non-invasive and generally non-irritating. As withmost procedures, visible results from Hydrafacial will vary from person to person.

What to expect:

1. Your skin may experience temporary irritation, tightness, or redness. These are all normal reactions that typically resolve within 72 hours depending on skin sensitivity.
2. You may experience tingling and stinging in the treatment area. These sensations generally subside within a few hours.
3. Client experiences may vary. Some clients may experience a delayed onset of these symptoms.
4. You will likely see results immediately after treatment and your skin may feel smooth and hydrated for one to four weeks with appropriate home care to maintain treatment results.
5. The skin is more susceptible to sunburn/sun damage. Avoid excessive sun exposure and use a minimum of SPF 40 sunscreen.

HydraFacial Informed Consent

HydraFacial is an FDA approved device that is used to treat damage and skin textural problems by exfoliating and hydrating the skin. Best results are typically seen after continued monthly sessions, but I understand that clinical results may vary depending on individual factors including but not limited to medical history, sun exposure habits, skin type, patient compliance with pre/post care instructions and individual response to treatment.

Contraindications For This Treatment Include:

• Pregnancy.
• Bacterial or viral infection.
• Uncontrolled diabetes or high blood pressure.
• Impaired immune system and poor healing.
• History of cancer within the past 5 years.
• Accutane within the past 12 months.
• Scleroderma, Vitiligo, Melanoma, Irregular Pigmentation, Psoriasis
• Botox or fillers injected within the last 2 weeks.
• CO2 laser treatment or similar type of treatment in the past 6 months.

I am aware of the following risks which include but are not limited to:

• Mild to moderate discomfort during the treatment.
• Redness and/or swelling of the skin lasting up to several days.
• Acne flares up.
• Itching or Irritation.
• Skin flaking/peeling.

I acknowledge that due to my unique skin and/or body composition, there are no guarantees, warranties, or assurances that I will be satisfied with my results.

I understand that this treatment may involve risks of complication from both known and unknown causes, and I freely assume those risks. Prior to receiving treatment, I have been candid in revealing any condition or habits that may have a bearing on this procedure including but not limited to medical history, tanning habits, medications, supplements, skin care regimen, diet & exercise

regime, water intake, etc.

Do you have any of the following? *Saying "Yes" does not preclude you from receiving treatments.*

Active acne or infection?

Open lesion or cold sore?

An active infection in the treatment area?

Active sunburn?

Skin conditions such as eczema, dermatitis, or rashes?

An autoimmune disease such as lupus?

Viral concern such as HIV or hepatitis?

Anticoagulant therapy?

Melanoma or lesions suspected of malignancy?

Pregnancy or lactation?

Neurological disorders such as epilepsy (LED Lights)?

Infection in the urinary systems i.e. kidneys, bladder and/or urethra (Lymphatic Drainage)?

Crohn's Disease (Lymphatic Drainage)?

Hyperthyroidism (Lymphatic Drainage)?

Deep Venous Thrombosis (Lymphatic Drainage)?

Have you recently?

Used Accutane, topical medications or antibiotics?

Had aesthetic fillers, injectables or laser treatments?

I acknowledge the following:

I wil avoid the use of aggressive exfoliation, waxing, and products containing glycolic acids or retinols that are not part of the recommended take-home regimen in the treated areas for minimum 2 weeks pre- and post- treatment.

Photos may be taken before, during and after the Hydrafacial treatment. Photos will only be used with my written approval for education, promotion or advertising purposes.

The information provided has been explained to me and all my questions have been answered to my satisfaction. I have read the above information, and I give my consent to have the Hydrafacialtreatment by the staff at: Midwest Integrative Health, LLC.

By signing below, I acknowledge that I have read the above information and give my consent to be treated with the Hydrafacial System. This consent form Is valid for all future Hydrafacial treatments. I will alert the staff If there are any future changes to my medical history.

I consent and authorize my practitioner or her designee, who has been trained in HydraFacial, to perform the treatment on me. I agree to pay for this treatment. I understand that there are **NO** refunds for services rendered. I understand that I have the right to refuse or stop treatment at any time, but that no refunds will be provided once the procedure has been started.

I certify that I have read this entire informed consent and that I understand and agree to the information provided in this form as well as the information provided in the Pre/Post Care form. My practitioner has explained the nature of my condition, the nature of the procedure, alternative treatments, and the benefits to be reasonably expected compared with alternative approaches. I have been given the opportunity to ask questions. This document is a written confirmation of these discussions.

I agree that this consent supersedes any previous verbal or written disclosures. This consent is valid for all of my HydraFacial treatments in the future as well.

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

PLEASE SIGN YOUR FULL NAME BELOW IF YOU AGREE -

Date