

MIDWEST INTEGRATIVE HEALTH LLC

MIH - Model Release Consent

Model Release Consent

In consideration for treatment received (at a monetary discount and/or free), I hereby grant permission to Jessica Thorman, APN, FNP-c and/or Midwest Integrative Health, LLC or any appropriate delegated staff who provided my treatment to use any photographic treatment records for the purposes of clinical and statistical studies, advertising, or promotion without any additional compensation to me.

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

PLEASE SIGN YOUR FULL NAME BELOW IF YOU AGREE -

Date