



Consent for Morpheus8 Treatment

Procedure

Morpheus8 technology combines microneedling and fractional radiofrequency energy to improve the appearance of rough texture, fine lines, wrinkles, acne, surgical scarring, stretch marks, laxity, and superficial pigment. Controlled induction of the skin's self-repair mechanism is triggered by creating micro "injuries" in the skin causing new collagen synthesis while the RF energy heats the dermis resulting in collagen stimulation as well as tightening. The result is smoother, firmer and younger looking skin. The treatment requires anesthesia that involves topical cream or injections, according to the treatment parameters and the provider discretion.

Contraindications

This treatment cannot be performed on patients with certain conditions. The provider must be informed of any of the following:

- Permanent fillers (i.e. Artefill, Bellafill)
- Pregnancy or breastfeeding
- Pacemaker or internal defibrillator or any electronic implant such as glucose monitor
- Concurrent conditions such as scleroderma, collagen vascular diseases, blood clotting problems, active bacterial or fungal infection, or other immunosuppressive diseases
- Scarring less than 6 months old
- Current history of skin cancer or pre-malignant moles
- History of Herpes Simplex (cold sores)
- History of skin disorders: keloid scarring, abnormal wound healing, dry and fragile skin
- Any surgical, invasive, ablative procedure in the treatment area in the last 3 months
- Superficial injection of biological fillers in the last 6 months, or Botox/Chemical Peel/Microdermabrasion in the last 2 weeks
- Use of Isotretinoin (Accutane) within the last 6 months

Possible Side Effects

I was told about the possible side effects of the treatment including: local pain, skin redness (erythema), swelling (edema), damage to the natural skin texture (crust, blister, burn), change of skin pigmentation (hyper- or hypo-pigmentation), and scarring. Although these effects are rare and expected to be temporary, redness and swelling may last up to 3 weeks, and are part of a normal reaction to the treatment. Burns and resulting pigmentation change and scarring are rare and may happen in dark skin that is not taken care of according to instructions. Tiny scabs appear on the face for a few days as part of normal healing, however make-up may be applied as soon as 1-3 days after the session to mask them and residual redness. Any adverse reaction should be reported immediately.

Informed Consent (please initial each line)

_____ I understand that the use of aspirin, NSAIDs or any other blood thinning medication within 7 days of treatment *may* increase the risk of post-treatment bruising.

_____ I acknowledge that if I fail to use proper sun protection following treatment, hyperpigmentation can result, as these cells are more susceptible to damage.

_____ I understand that this procedure is purely cosmetic, is not covered by insurance, and payment is due at the time of service.

_____ The procedures to be used to treat my conditions have been explained to me.

_____ I have had sufficient opportunity to discuss my condition and treatment and I believe I have adequate knowledge upon which to base an informed consent.

_____ Any questions I may have asked have been answered to my satisfaction.

I authorize before, during and after the procedure(s) the taking of photographs to be part of my patient profile that may be used for scientific or marketing purposes without disclosing my identity (eyes will be masked in the photographs).

By signing below, I acknowledge that I have read and understand all of the above information. I have been informed about the procedure, treatment, indications, potential side effects and expected results. I understand that not everyone is a candidate for this treatment and results may vary. I agree that no guarantee can be made regarding the exact results of the procedure. I hereby release the provider performing the procedure and Refine MD from liability associated with the procedure.

Client Signature: _____

Client Printed Name: _____

Date Signed: _____