

# MORPHEUS8 RF MICRONEEDLING

## INFORMED CONSENT

**Informed Consent Instructions:** This is an informed consent document to provide written information about the above named procedure regarding risks, benefits, and alternatives. It is important that you understand the information provided to you prior to proceeding with this procedure or treatment; please ask your healthcare professional any/all questions prior to signing this consent form.

I read, write, and understand English.

Initials: \_\_\_\_\_

\_\_\_\_\_, do understand that I will undergo **Radio Frequency (RF) Microneedling Treatment** to be performed by provider listed below using **Morpheus8 Microneedling** device in the treatment area(s) listed below for skin rejuvenation and/or non-surgical contouring. **Treatment benefits** will vary by individual, but may include: non-surgical contouring and fat reduction, reduced appearance of fine lines and wrinkles, improved skin tone and texture, stimulation of collagen production, improvement in the appearance of photoaging and hyperpigmentation, reduced rosacea and/or acne symptoms, and improved scar appearance. *This treatment may also include the addition of topical exosomes and/or Platelet Rich Plasma (PRP) or Platelet Rich Fibrin (PRF) utilizing my own extracted blood to further stimulate the healing cascade.*

### UNITY Medical Centre

Treatment Provider: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Provider Use:

Reason for Treatment:  Acne Reduction  Contouring  Skin Rejuvenation  Other: \_\_\_\_\_

Treatment Location(s): \_\_\_\_\_

Add-On Topical(s):  Exosomes  PRP  PRF  None  Other: \_\_\_\_\_

## PURPOSE OF TREATMENT & GENERAL INFORMATION

**What Is Morpheus8 Radio Frequency Microneedling:** The Morpheus8 Radiofrequency Microneedling treatment delivers fractionated radio frequency energy via coated microneedles at varying depths, depending upon treatment area and treatment purpose. Morpheus8 features 24 coated needle tips for face and neck treatments, and the Morpheus8 *Body* features 40 pin tips for small body areas. Morpheus8 is equipped with "Burst Mode" technology, which allows delivery of RF energy at 2-3 tissue layers during the same single cycle. The concentrated energy produces heat that causes fat coagulation for non-surgical contouring, fat reduction, and tightening of collagen fibers in the skin, while simultaneously triggering new collagen and fibroblast production for improved skin appearance and rejuvenation. Morpheus8 RF Microneedling treatment is suitable for treating acne by selectively destroying the sebaceous (oil) glands that cause acne outbreaks. Additional treatment benefits may include reduction in appearance of: under-eye bags/bulges, hyperpigmentation, atrophic (depressed) scars, and hypertrophic (raised) scars.

**What To Expect During Treatment:** Your treatment provider will begin by cleansing your skin and will apply a topical numbing medication prior to beginning treatment. For treatments involving deeper needle depth, a local anesthetic injection may be used to numb the treatment area; additionally, you may be offered oral pain or anxiety medications, or inhaled nitrous oxide prior to the start of treatment. During treatment, the RF microneedling device is gently stamped against your skin to create numerous, tiny, micro-channels that will deliver Radio Frequency energy via insulated needles into the dermal layers, which encourages collagen growth and tissue tightening. Microneedles also help to mechanically break down any existing scar tissue. **Duration of treatment** is dependent upon treatment location, but generally takes between 15-60 minutes.

**You may experience** mild discomfort or pain during treatment, which can be addressed with numbing medications, as well as oral medication and/or nitrous oxide. Minor redness, pinpoint bleeding, bruising, and swelling are common side effects after treatment. There is no expected downtime with treatments, but you may consider 1-5 days of social downtime during the initial stages of healing. Multiple treatments may be needed to achieve desired results. Typical treatment regimen includes an initial series of 3-6 treatments every 4-6 weeks. Maintenance treatments may be necessary to maintain desired results. Results may take up to 3 months to be visible.

## FOR PATIENTS RECEIVING ADD-ON TREATMENTS:

- **PRP or PRF topical treatment:** Your blood will be drawn and spun through a centrifuge to obtain the PRP/PRF needed for treatment (if applicable). After completion of the laser treatment, your PRP or PRF serum will be applied topically to the treatment area. Platelet Rich Plasma (PRP) and Platelet Rich Fibrin (PRF) utilizes your own blood that has been processed through a centrifuge to enhance and amplify the healing process by releasing enzymes to promote healing response and also by attracting cells to repair the damaged area. As a result of treatment, there is an increase in collagen and elastic production, which may result in tighter, fuller, and smoother skin appearance.
- **Exosome topical treatment:** Exosomes perform a variety of functions in our bodies, including communicating cell damage between cells and supplying regenerative molecules to target cells. When exosomes detect damaged cells, they signal the delivery of repair molecules and prompt damaged cells to perform regeneration. Exosomes used in this procedure are derived from human adipose (fat) tissue or perinatal mesenchymal stem cells. Exosomes are for cosmetic use only and are not drug products.

*I understand the treatment goal is dependent upon individual treatment goals, but may improve skin appearance, and/or fat reduction and contouring, and/or acne reduction, and/or under-eye treatment. I understand that repeated treatments may be necessary in order to maintain desired results.*

Initials: \_\_\_\_\_

## ALTERNATIVE TREATMENTS:

Alternative forms of non-surgical and surgical treatment consist of: No treatment whatsoever, blepharoplasty (eye-lift), surgical facelift, surgical skin excision, dermaplaning, laser treatments, dermal fillers, local muscle relaxer (Botox, Dysport, Xeomin), prescription creams, and/or chemical peels. Every procedure will involve a certain amount of risk. An individual's choice to undergo a procedure is based on the comparison of the risk to the potential benefit. Although most patients do not experience adverse complications, you should discuss your concerns and potential risks with your treatment provider in order to make an informed decision.

*It has been explained to me that alternative treatments are available.*

Initials: \_\_\_\_\_

## POSSIBLE RISK & SIDE EFFECTS

The possible side effects and risks of Radio Frequency Microneedle Treatment include, but are not limited to:

- 1. General Side Effects:** I understand there is a risk of swelling, discomfort, pinpoint bleeding, local numbness, pain at the treatment site, bruising, allergic reaction, damage to deeper structures, or irritation of the skin that may occur.
- 2. Infection:** Although rare, if an infection occurs as a result of treatment, additional treatment including antibiotics or an additional procedure may be necessary.
- 3. Bleeding/Bruising:** It is possible to experience minor pinpoint bleeding during and after treatment. Bruising in soft tissues may occur. Should you develop post-treatment blood clot or bleeding, you may require emergency treatment or surgery. Aspirin, anti-inflammatory medications, platelet inhibitors, anticoagulants, Vitamin E, ginkgo biloba, and other "herbs / homeopathic remedies" may contribute to a greater risk of a bleeding problem. Do not take these for ten days before or after your RF Microneedling treatment.
- 4. Skin Redness, Itchiness, and Tightness:** Redness of the treated area is common and may occur and typically resolves within two weeks; if redness becomes severe or persists, you may be prescribed hydrocortisone cream or oral steroids. Skin may also feel warm, tight, and itchy, but this will normally resolve within 12-48 hours.
- 5. Damage to Deeper Structures:** Deeper body structures such as nerves, blood vessels, glands, and muscles may be inadvertently damaged during aesthetic treatments. The potential for this to occur varies according to where the treatment is being performed. Injury to deeper structures may be temporary or permanent.
- 6. Scarring:** Scarring is a rare occurrence, but is a possibility when the skin surface is disrupted. To minimize the chances of scarring, it is IMPORTANT that you follow all post-treatment instructions provided by your healthcare staff.
- 7. Swelling:** Swelling of the treated area is common and usually resolves within a few days.
- 8. Discomfort:** You may experience some discomfort during and after your treatment.
- 9. Allergic Reactions and/or Contact Dermatitis:** Allergies to topical or local anesthetic preparations and/or sensitivities to metals used in RF Microneedle Device may occur. If you experience an allergic reaction, you may require additional treatment. Potential increased sensitivity, irritation/itching, or allergic reaction of the skin due to skin surface disruption.
- 10. Skin Lightening/Darkening:** There is a possibility of the treatment area becoming lighter or darker than the surrounding skin. This is usually temporary, but on rare occasions, may become permanent. Utilizing appropriate sun protection in the form of hats, SPF, and limiting exposure to tanning beds and direct sunlight can help minimize the risk of skin pigment changes.
- 11. Treatment Pattern and/or Skin Texture Changes:** A persistent grid-mark pattern or orange-peel skin texture from the RF energy heat may be apparent on the treated skin, but typically is self-limiting and resolves with time. In rare cases, it may become permanent requiring additional treatment.
- 12. Dilated Pores:** Although rare, widening of existing pores may occur due to collagen contraction that occurs as part of the resurfacing process which may become permanent.
- 13. Wounds and/or Blistering:** Although rare, treatment may result in burning, blistering, or bleeding of the treated areas. It is important that you not pick or scratch the sites, as this may lead to infection and/or permanent scarring.
- 14. Milia and/or Acne Flare-Up:** Acne flare-up may occur as a result of treatment. This is more common in patients with a history of acne or oily skin. Acne and milia flare-ups should be temporary and self-limiting. Additional topical creams or ointments may be required for patients with a history of acne.

*This list is not meant to be exhaustive of all possible risks and side effects associated with Radio Frequency Microneedling treatments, as there are both known- and unknown- risks associated with any medication or procedure.*

I have read and understand possible risks, side effects, and complications.

**Initials:**

## MULTIPLE TREATMENTS

To achieve desired results, you may require multiple additional Radio Frequency Microneedling treatments at intervals as determined by your treatment provider in conjunction with your personal treatment plan.

*I have read and understand I may require future treatments to maintain results.*

Initials: \_\_\_\_\_

## PRE-TREATMENT CARE ACKNOWLEDGEMENT

I affirm that I have been provided Pre-Treatment Advisement prior to my appointment and have:

- disclosed all medical history and medications/herbals/topicals/etc. to my treatment provider
- discontinued use of any isotretinoin products, including Accutane for the past 6 months
- waited for skin to heal and inflammatory response to resolve following *any* aesthetic or medical procedures
- have come to my appointment with clean skin free of products, creams, and lotions

*I have read and followed pre-treatment advisement and care instructions:*

Initials: \_\_\_\_\_

## AFTERCARE

I have received, and will follow, all aftercare instructions provided.

Initials: \_\_\_\_\_

## MAINTAINING RESULTS

For continuing results, you may require additional Radio Frequency Microneedling treatments at intervals as determined by your treatment provider in conjunction with your personal treatment plan.

*I have read and understand I may require future treatments to maintain results.*

Initials: \_\_\_\_\_

## NO GUARANTEE OF RESULTS

In some situations, it may not be possible to achieve optimal results. It is also possible that Radio Frequency Microneedling Treatments may fail to produce the desired results in the targeted areas. Should complications occur, additional or other treatments may be necessary. Radio Frequency Microneedling Treatments is not a permanent solution for age-related skin changes and appearance. As a therapy, it is recommended to continue to treat the affected area with ongoing Radio Frequency Microneedling Treatments. Results may take up to 3-6 months to become apparent; duration of results is unknown and not guaranteed. You may not see visible or long-lasting results.

*I have read and understand results are not guaranteed.*

Initials: \_\_\_\_\_

## FINANCIAL RESPONSIBILITY

By signing below, I acknowledge that I understand the regular charge applies to all subsequent treatments. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. In the event that I am not satisfied with my results, I agree not to seek a refund for Radio Frequency Microneedling services rendered, as I am fully aware that there is no implied or explicit guarantee of results, as stated in the acknowledgement above. **I further agree in the event of non-payment and/or reversal of payment via a credit card dispute that I initiate, I will bear the cost of collection fees, and/or court fees, and/or any reasonable legal fees resulting from such instance.**

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

## RADIO FREQUENCY MICRONEEDLING CONSENT

**By signing below, I acknowledge and agree:**

- I have fully disclosed on my client intake form and during face-to-face consultation with treatment provider any and all medications, previous complications, planned or previous surgeries, sensitivities, allergies, or current conditions that may, or may not, affect my treatment.
- I have read the foregoing informed consent for Radio Frequency Microneedling Treatment; I agree to the proposed treatment benefits, as well as all known and unknown associated risks.
- I acknowledge that no guarantee of outcome or results or warranty of results has been given.
- I have received and will follow all aftercare instructions.
- I consent to the collection of photo(s) and video(s) of the treatment to be performed, including appropriate portions of my body for: medical documentation, insurance documentation, and/or educational and training purposes. I understand that efforts will be made to conceal my identity, but in some circumstances the photographs may portray features that will make my identity recognizable.
- For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.
- For women of childbearing age: by signing below I confirm that I am **not pregnant** and do not intend to become pregnant anytime during the course of this treatment. Furthermore, I agree to keep my treatment provider informed should I become pregnant during the course of this treatment.
- It has been explained to me in a way that I understand:
  - The above treatment or procedure to be undertaken and proposed benefits of treatment.
  - There may be alternative procedures or methods or treatments.
  - There are risks, known and unknown, to the procedure or treatment proposed.
- I have had ample opportunity to ask any questions regarding Radio Frequency Microneedling Treatment, benefits, side effects, and after care. All of my questions have been answered to my satisfaction. I believe I have adequate knowledge to understand the nature and risk of the treatment to which I am consenting.

I hereby give consent to perform this, and all subsequent Radio Frequency Microneedling Treatment, with all aforementioned understood by me. I hereby release the overseeing clinic physician, the person performing the Radio Frequency Microneedling Treatment, and the clinic facility from liability associated with this procedure.

_____ Patient Name (Print)	_____ Patient Signature	_____ Date
_____ Witness Name (Print)	_____ Witness Signature	_____ Date

## CONSENT FOR VIDEO AND PHOTOGRAPHY USAGE

**A)** I hereby grant permission to **ÜNITY Medical Centre** to collect and distribute photo(s) and video(s) for the purposes of advertising or promotion including, but not limited to: emails, newsletters, promotional materials, brochures, pamphlets, flyers, social media posts, and internet websites. I release all rights, license, and authority to any copyright or publishing claim associated with all photograph(s) and/or video(s) related to use in publication as described above; this includes any claim for payment in connection with distribution or publication of the photograph(s) and/or video(s). I understand that efforts will be made to conceal my identity, but in some circumstances the photographs may portray features that will make my identity recognizable. I hereby waive the right to inspect or approve any photo(s) and/or video(s) collected and distributed as described above.

**Yes**, I consent to the collection, use, and distribution of my before/after photo(s) and/or video(s) as described above in paragraph (A).

**No**, please do not distribute my photo(s) or video(s) for any promotional or advertising purposes.

_____ Patient Name (Print)	_____ Patient Signature	_____ Date
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# MORPHEUS8 RF MICRONEEDLING

## ACKNOWLEDGMENT & LIABILITY

### TREATMENT LIABILITY WAIVER

I acknowledge that aesthetic treatments and hair restoration treatments including, but not limited to: scalp microneedling, hair transplant, microdermabrasion, waxing, electrolysis, facial toning, body treatments, laser treatments, brown spot removal, Botulinum Toxin (A) injections, Collagen, Dermal Fillers, Sclerotherapy, Mesotherapy, Dermaplaning, and various other beauty procedures is not an exact science and no specific guarantees can, or have been made, concerning the outcome.

I further understand that some clients experience more change and improvement than others. In nearly all cases, multiple treatments are required to achieve desired results or see a difference in appearance.

I understand that response to treatment varies on an individual basis and that specific results are not guaranteed.

I also understand and agree to assume the following risks and hazards which may occur in connection with any particular treatment including but not limited to: unsatisfactory results, soreness, poor healing, discomfort, redness, blistering, nerve damage, scarring, infection, and change in skin pigmentation, allergic reaction, and bleeding. I understand that even though precautions may be taken in my treatment, not all risks can be known in advance.

Therefore, in consideration for any treatment received, I agree to unconditionally defend, hold harmless and release from any and all liability the company and the individual that provided my treatment, the insured, and any additional insured's, as well as any officers, directors, or employees of the above companies for any condition or result, known or unknown, that may arise as a consequence of any treatment that I receive.

I understand and agree that any legal action of any kind related to any treatment I receive will be limited to binding arbitration using a single arbitrator agreed to by both parties.

## COVID-19 AND COMMUNICATABLE DISEASES

Acceptance of Risk; Release; Indemnification. I am fully aware that there are a number of risks associated with me entering on the **ÜNITY Medical Centre** property during the COVID-19 pandemic under the circumstances of receiving treatments, including without limitation: (a) I could contract COVID-19 or other diseases such as the flu or legionnaires disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death; and (b) I will be subject to normal risks associated with general exposure to viruses and other communicable diseases.

By signing below, I acknowledge and agree I have carefully read the information on this page and understand that I may be giving up some important legal rights by signing.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (Print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

# MORPHEUS8 RF MICRONEEDLING

## PRE-TREATMENT INSTRUCTIONS

**What To Expect During Treatment:** Your treatment provider will begin by cleansing your skin and will apply a topical numbing medication prior to beginning treatment. For treatments involving deeper needle depth, a local anesthetic injection may be used to numb the treatment area; additionally, you may be offered oral pain or anxiety medications, or inhaled nitrous oxide prior to the start of treatment. During treatment, the RF microneedling device is gently stamped against your skin to create numerous, tiny, micro-channels that will deliver Radio Frequency energy via coated needles into the dermal layers, which encourages collagen growth and tissue tightening. Microneedles also help to mechanically break down any existing scar tissue.

**Duration of treatment** is dependent upon treatment location, but generally takes between 15-60 minutes. **You may experience** mild discomfort or pain during treatment, which can be addressed with numbing medications, as well as oral medication and/or nitrous oxide. Minor redness, pinpoint bleeding, bruising, and swelling are common side effects after treatment. There is no expected downtime with treatments, but you may consider 1-5 days of social downtime during the initial stages of healing.

*Please review and follow these important instructions prior to your scheduled appointment*

### Stop Taking/Using/Doing Prior To Appointment:

6 Months	2 Weeks	5-7 Days	2-3 Days	Day Of Treatment
Accutane	IPL Laser Treatments Dermal Fillers+ Sunbathing/Tanning Chemical Peels Microdermabrasion	Aspirin Excedrin Blood Thinners* Anti-Platelet Meds* Waxing/Electrolysis/ Depilatory Retin-A & Topical Meds	Ibuprofen Aleve/Advil/Anacin NSAIDS	Arrive to appointment with clean skin.
			<b>24 Hours</b> Alcohol	Do not apply makeup, lotion, oil, perfume, or sunscreen to treatment area
*Consult prescribing physician for guidance on stopping these meds				
+Neurotoxin injections should done <i>after</i> treatment				

### PLEASE DO:

1. Plan to avoid strenuous exercises that can cause sweating, jacuzzi, sauna or steam baths for 24 hours due to open pores, or up to 48 hours if inflammation/swelling is present.
2. Cleanse face/treatment area prior to your procedure and do not apply make-up, moisturizers, lotion, oil, perfume, or sunscreen to treatment area.
3. If you have a history of cold sores, please take your prescribed antiviral treatment for 2 days prior to, and day of, treatment.





# MORPHEUS8 RF MICRONEEDLING

## AFTERCARE INSTRUCTIONS

### DO NOT:

- 1. Do NOT** take/use Arnica cream or capsules if you received PRP/PRF or exosome topical treatments, anti-inflammatory medications, Ibuprofen, Advil, Motrin, etc. or other NSAIDs for 1 week post-treatment, as it may interfere with the natural inflammatory process critical to your skin rejuvenation results.
- 2. Do NOT** have laser, IPL, waxing, or abrasive treatments in area for 2 weeks, or until redness/swelling subsides.
- 3. Do NOT** engage in strenuous exercise that can cause sweating, jacuzzi, sauna or steam baths for 24 hours due to open pores, or up to 48 hours if inflammation/swelling is present.
- 4. Do NOT** apply makeup, lotions, or other topical products for *at least* the first 24 hours after treatment.
- 5. Do NOT** expose treated areas to direct sun or UV light for 48 hours after treatment. During the healing process, protect your skin by applying sunscreen with SPF 30 or higher and wearing a hat when outside or exposed to sun.
- 6. Do NOT** consume alcohol for at least 1 week after treatment; alcohol may increase redness and swelling.

### PLEASE DO:

- 1.** Sleep on your back with your head elevated at least 30° for the first three nights to help reduce swelling.
- 2.** Stay hydrated to promote the healing process and avoid alcoholic drinks while healing.
- 3.** Gently wash the treated area daily with cool water and gentle cleanser and pat to dry for 5-7 days.
- 4.** Cold compresses may be used 20 minutes on/20 minutes off to reduce swelling and discomfort.
- 5.** Apply cold compresses, take acetaminophen (Tylenol), & sleep elevated to help reduce swelling or discomfort.
- 6.** Avoid prolonged exposure to sunlight/heat/UV for the first 2 weeks; use sunscreen daily on face as soon as inflammation has subsided.
- 7.** If flaking or peeling occurs, please allow skin to peel naturally. Peeling or picking at skin may result in scarring.
- 8.** Keep area moisturized with recommended moisturizing cream.

# MORPHEUS8 RF MICRONEEDLING AFTER-CARE TREATMENT CONT'D

## DO NOT:

- Understand it is common to experience the following for the next 1-5 days (up to 4 weeks for deeper treatments or under-eye treatments): itching, redness, peeling, pinpoint bruising, mild inflammation, soreness, and mild swelling. **If you experience an increase in these symptoms after the first 72 hours or develop a fever, signs of infection (pain, pus, bleeding, etc.), or have painful/difficult swallowing, please call the office for a follow-up.**
- Results: Elastin and collagen building takes place over 4-6 weeks after treatment, with optimal results seen at 3 months after last treatment. Under-eye treatments and contouring treatments may take up to 3-6 months to see visible results as your body absorbs the destroyed fat cells and remodels the skin.
- Series of treatments: 3-6 treatments every 4 weeks is recommended to achieve desired results.
- Once desired results are achieved, maintenance treatments may be required to maintain your results.
- An outbreak of acne or milia (whiteheads) may occur, especially in those with history of oily skin or acne. Please keep skin clean and refrain from excessively touching treatment area. Do not pop any whiteheads or pimples, which may cause scarring.

Your Next Appointment Is:

M T W T H F S S U

Day (circle one)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date

\_\_\_\_\_

Time

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