



A&WMC
Morpheus 8 Treatment

Name: _____ Date: _____
(First) (Last)

Date of Birth: _____ Age: _____ Weight: _____ Occupation: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Alternative Phone: _____

Email Address: _____

Fitzpatrick Skin Type: I II III IV V VI

Last prolonged exposure to UV(Sun or tanning bed): _____

Ethnicity: _____

Use of Pacemaker/Defibrillator?: Yes() | No()

Use of any metal implants?: Yes() | No() | If yes, specify: _____

Any endocrine disorders?(ex: Diabetes, PCOS): Yes() | No() | If yes, specify: _____

Any diseases stimulated by light?(ex: Lupus, Epilepsy): Yes() | No() | If yes, specify:

Any diseases stimulated by heat?(ex: Herpes, Simplex): Yes() | No() | If yes, specify: _____

Any cardiac disorders?: Yes() | No() | If yes, specify: _____

Any history of bleeding?: Yes() | No()

Impaired immune system?: Yes() | No()

Any skin disorders?: Yes() | No() | If yes, specify: _____

Keloids/Abnormal wound healing?: Yes() | No()

Facial laser resurfacing/Deep chemical peeling?: Yes() | No() | If yes, specify: _____

Injections/Fillers/Botox?: Yes() | No() | If yes, specify: _____

Surgical procedures: _____

List of medications: _____

Allergies: _____

Detail any other medical condition: _____



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MORPHEUS8 CONSENT FOR PROCEDURE

I give my informed and voluntary consent and I authorize Dr. Angelica Hernandez and staff of Adolescents & Women Medical Care to administer the treatment with Morpheus8. A device being used for subdermal and dermal remodeling of facial and body areas through fractional coagulation.

I understand that clinical results may vary depending on individual factors, including but not limited to medical history, skin type, Hx of smoking, patient compliance with pre- and post-treatment instructions, and individual response to treatment.

I understand that there is a possibility of short-term effects such as reddening, mild burning, temporary bruising and temporary discoloration of the skin, as well as the possibility of rare side effects such as scarring and permanent discoloration.

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications, and I understand that no guarantee can be given as to the final result obtained. I confirm that I have informed the staff regarding any current or past medical condition, disease or medication taken.

I consent to taking any needed photographs.

I consent to the administration of topical anesthetics and/or Pro-Nox analgesic gas delivery system.

Smokers have less positive response to this treatment than non-smokers, since the toxins in cigarette smoke block the response of the stem cells. There may be some variation in achieving the results requested as everyone's body type is different and may have a different response.

I fully agree to hold Adolescent & Women Medical Care, Dr. Angelica Hernandez and any and all parties affiliated with her, harmless and free from any liability that may arise as a result of this treatment both now and in the future. I certify that I have been given the opportunity to ask questions and that I have read and fully understand the content of this consent form.

Patient Name: _____

Signature: _____

Date: _____



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Treatment Directions

Pre Treatment

- No sun exposure 10-14 days before or after the day of the treatment.
- Stop Retinol 7 days prior to treatment.
- If you have a history of cold sores (Herpes) you need to take antiviral medication at least 1 day before and continue for 3 days after the treatment.
- If you bruise easily, take oral Arnica or Silagen Arnica-Bromelain 1 day before and continue for 3 days after the treatment.
- Avoid waxing, chemical peel, microdermabrasion, microblading 4 weeks before the appointment.
- Avoid Aspirin, Aleve, Motrin, alcohol, smoking, spicy foods 3 days prior and after treatment.
- Skin type 4 to 6 (dark) or 1 to 6 with active tan, need to use pigment control cream 10 days before treatment. Stop it 2 days before the treatment.
- If you have a treatment with:
 - *Botox, wait 1 week
 - *Fillers, wait 3 months
 - *Deep chemical peel, fractional laser or CO2, wait 3 months
 - *Accutane, wait 6 months
- Men should be cleanly shaved.
- The average number of treatments to have good results is 3 every 4 weeks.

Treatment

- Apply a thick layer of Lidocaine (EMLA cream, sent to your pharmacy) 1 hour before the treatment.
- Do not wear makeup on the day of the treatment.
- Notify if any changes in your health history (Antibiotics).



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Post Treatment

- Change a clean pillow case
- Remember to continue the antiviral and Arnica therapy.
- Avoid sex, strenuous exercise (aerobics, cycling, weightlifting, running, yoga, Pilates), alcohol, and smoking for 3 days.
- Do not use any skin products the same day of the treatment.
- The next day, start the Recovery Kit for 10 days and use it again for the next 2 treatments. It lasts a total of 30 days.
- Use sunscreen daily, SPF 30 and above.
- You can apply make-up in 2 days; foundation should be applied after 3 days but if you can wait, apply after 1 week.
- Restart Pigment Control Kit day 11.
- Bruising, redness, swelling is normal.
- Tiny scabs may appear after 1-3 days and stay for several days following the treatment.
The scabs should not be scratched even if they itch and it should be allowed to flake off naturally.
- Blisters are rare but when they do occur, may be treated with a prescribed antibiotic ointment.
- Avoid regular soaps, exfoliating products, retinol, and astringents for 2 weeks.
- Avoid sauna, hot tubs for 2 weeks.

Precautions

- History of Acne, Melasma, Rosacea, Eczema or Psoriasis.
- History of keloids, abnormal wound healing, very dry and fragile skin.
- History of bleeding, coagulopathies or use of anticoagulants.
- History of skin cancer.
- Treating over tattoo or permanent makeup.

Contraindications

- Pacemaker or electronic implant in any part of the body.
- If cochlear implants in the ear the handpiece can be used 1cm away from the implant.
- Permanent metal implants in the treated areas, unless in the periosteal plane.
- Pregnancy.
- Poorly control diabetes HBA1C > 8.
- Impaired immune system due to HIV, medications for organ transplant.