NEW IMAGE HEALTH & WELLNESS

MORPHEUS8® RADIOFREQUENCY MICRONEEDLING INFORMED CONSENT & POST-OP CARE

Client Information

First Name: _____

Last Name: _____

Phone Number: _____

Email: _____

Preferred Contact Method: _____

Date of Birth: _____

Street Address: _____

Address 2: _____

City: _____

State: _____

Zip: _____

BUSINESS POLICIES & INFORMED CONSENT

Morpheus8® is a fractional radiofrequency microneedling procedure used for skin tightening, contouring, wrinkle reduction, scar improvement, and body remodeling. I understand the benefits, risks, alternatives, contraindications, and post-treatment requirements. I acknowledge that results are not guaranteed and multiple treatments may be required.

Photography Consent ■ Yes ■ No

I consent to anonymous use of before and after photographs for education and marketing purposes.

Cost & Payment

Per Session Face: $_____ Body: $_____ Package of 3: $_____

48-hour cancellation policy applies. No refunds. Funds may be applied to other services with provider approval.

Voluntary Consent
I have read this form, had the opportunity to ask questions, and understand the risks, benefits, alternatives, and limitations of Morpheus8® treatment. I voluntarily consent to treatment and agree

to follow all pre- and post-care instructions.

Client Signature: _____

Date: _____

MORPHEUS8® POST-OP CARE

Immediate (0–6 Hours)
• Expect redness, warmth, and pinpoint dots.
• Cool compresses 10 minutes on / 10 minutes off.
• Tylenol only if needed. Avoid aspirin and ibuprofen.
• Sleep with head elevated and use clean pillowcases.

Day 1
• Gentle cleanser and lukewarm water only.
• Apply post-procedure balm or Aquaphor.
• No makeup, exercise, sauna, pool, or hot shower.
• Avoid direct sunlight.

Days 2–3
• Do not pick scabs or debris.
• Continue cleanser and barrier cream 4–6 times daily.
• Light activity only.

Days 4–7
• Resume gentle moisturizer and mineral SPF 30+.
• Makeup may be used on Day 4.
• Light cardio Day 5; full workouts Day 7.
• No retinoids, acids, or exfoliation until Day 14.

Week 2+
• Wear broad-spectrum SPF daily for 3 months.
• Schedule next treatment in 4–6 weeks.

Call Immediately For:
Pus, spreading redness, fever over 100.4°F, severe pain, blisters, yellow crusting, or cold sore outbreak.

Emergency: Call 911 for breathing difficulty or signs of allergic reaction.