



## Morpheus8 Consent Form

I duly authorize About Image Med Spa to perform the **Morpheus8 Treatment (The Treatment)** around the and under the eyes area.

I understand there is a possibility of short-term effects such as reddening, blistering, temporary bruising and temporary discoloration of the skin. These effects have been fully explained to me.

I understand that results may vary depending on individual factors, including medical history, skin pigmentation, textural problems, patient compliance with pre/post treatment instructions, and individual response to treatment.

I understand that **The Treatment** may involve a series of treatments, and the fee structure has been fully explained to me.

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 am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

I confirm that I am not pregnant at this time, and that I have not taken Accutane within the last 6 months. I do not have a pacemaker or internal defibrillator. I also have completed a medical history checklist and been informed about what I must do and "not do" before, during and after the procedure.

I consent to the taking of photographs and authorize their anonymous use for the purposes of medical audit, education and promotion.

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.