



VIRGINIA
EAR NOSE & THROAT
The Choice is Clear

Informed Consent Form

Morpheus 8

I, _____, Authorize _____
and/or a designated practitioner of Dr. Alan Burke – Virginia ENT to perform Morpheus8
on the following area(s) of my body: _____.

Inmode's Morpheus8 is a microneedling device that utilizes Radiofrequency energy to tighten, contour and resurface the skin with minimal downtime. Radiofrequency (RF) energy is a scientifically proven method to remodel and rebuild collagen. Morpheus8 harnesses this energy and is minimally invasive, using a matrix of micro pens to renew the deeper layers of the skin. By targeting the deeper layers of the skin, tissues of the face and body can be remodeled to reveal a more radiant youthful appearance.

Common Side Effects & Risks

Expected reactions include mild redness, burning, itching, and edema (swelling). Skin redness usually lasts less than 5 days, sometimes up to 1-2 weeks. I understand the possibility of rare side effects such as burns, scarring, delayed healing times, discoloration, and nerve branch injury or hyperactivity, with temporary numbness/tingling. Herpes simplex virus infections can occur, with or without a history of cold sores. The administration of anesthetics come with risks and the possibility of complications or injury. Skin tightening may not be fully apparent for 3 months after this procedure, tissue tightening varies from individual to individual and results are age dependent. Cosmetic treatments may not completely improve or prevent future conditions or aging. There are many variables which influence the long-term result. Additional procedures may be necessary to further enhance results or treat any unforeseen complications. There is no guarantee on the results that may be obtained.

Photography

I do ____ or do NOT ____ consent to photographs and other materials over the course of my therapy be used for medical, marketing, and educational purposes. Although the materials will not contain my name or any other identifying information, I am aware I may or may not be identified by the photos.

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- ☐ I understand this involves payment, and the fee structures have been explained.
- ☐ I understand there are other options for treatment that are available, which have been explained.

I have read and understood all information presented to me before signing this consent form. The staff gave me the opportunity to answer my questions to my satisfaction. I understand the procedure and accept the risks. I agree to the terms of this agreement.

Patient's Signature: _____ Date: _____

Witness Signature: _____ Date: _____



DR. ALAN BURKE
Facial Plastic &
Reconstructive Surgery