



LUXORA

by INMODE

IN-SERVICE INSTRUCTIONS



LUXORA SYSTEM

LUXORA – REVISION AUGUST 2025



Contents

	Preparing for in-service.....	2
1	1.1 Topics.....	2
	1.2 List of Supplies.....	2
	1.3 List of Supplies Morpheus8 and Forma.....	3
	1.4 Sample Set Up	4
	1.5 In-Service Time Schedule	5
	1.6 Patient Selection for In-service Day	5
	1.7 Contraindications	6
	1.8 Precautions.....	7
	1.9 Possible Side Effects	8
	1.10 Who Should be Present?	8
	1.11 Pre-Treatment Preparations	8
	1.12 Post-Treatment Care	9
	Sample Patient Intake Forms	11
2	2.1.1 PERSONAL INFORMATION.....	11
	2.1.2 SKIN TYPE ASSESSMENT	11
	2.1.3 MEDICAL HISTORY	11
	2.2 Sample Informed Consent.....	13

Preparing for in-service

1.1 Topics

1 Training and safety measures for proper operation of the device:

- Review of QRGs and clinical applications
- Patient assessment and consultation
- Treatment protocol
- Pre- and post-treatment care
- Hands-on training

The QRG and Operator Manual include introductions to technology and applications, treatment protocols, and safety instructions.

Do not attempt to use the device without first reading the complete Operator Manual, attending Luxora Physician training, and completing the In-service training. These resources are essential for understanding the device and its safe operation.

Disclaimer: The in-service training offered by InMode through professionals in the aesthetic industry is provided solely for educational purposes of device operation and safety. It does not constitute any form of certification of competency. Practitioners should always consult additional sources of information, including the appropriate laws governing their specialty and their supervising physician, before making clinical decisions of any kind.

1.2 List of Supplies

Please prepare for the in-service training day by having the following supplies on hand at the facility:

Wetting Solution:

- Lidocaine (1% or 2%)
- Epinephrine 1:1000
- Lactated Ringer's or Sodium Chloride (250ml or 500ml)
- Bicarb (if using sodium chloride)

Needles:

- 18g, 1.0- or 1.5-inch needle (for drawing up meds)
- 30g, 1.0-inch needle (for local injection at port sites)
- 20g or 22g, 3.0-inch or 5.0-inch spinal needle (to administer wetting solution)

Syringes:

- 10ml syringes for infiltration (10 ml is better if using the gravity tubing method with the infiltration kit, at least two will be used if using the syringe only, so one can be filled and ready) – 20ml may be used
- 5ml or 10ml syringe (for local injection- per preference)

Ancillary Items:

- Sharpie (to mark before procedure) and/or Sterile marker (to mark treatment zones after prepping on sterile field)
- #11 blade
- Quantum probe
- Sterile laps/sponges (for keeping treatment area clean)
- Sterile towels (to create a sterile field on the patient)
- Mayo cover or small table drape (for sterile field table)
- Sterile gloves
- Absorbent dressings (ABD, maxi pad – in a pinch, or HK surgical absorbent dressing)
- Pressure garment (Spanx type, large ACE wrap- in a pinch) – surgical garment co: marenagroup.com
- Pillows (for patient comfort/positioning)
- Sheets/blankets (pt comfort)
- Prep solution (chlorohexidine, Betadine, or Hibiclense)
- Camera for photo documentation
- Record-taking documents
- Consents

Optional Items:

- Infiltration cannula (per preference, can be used in lieu of spinal needle or along with spinal) – Rigid sterile item – will need autoclave to sterilize
- 5-0 chromic gut or 5-0 fast-absorbing plain gut Suture if the practitioner chooses to put a stitch in the incision
- Sterile scissors (for suture cutting) – 11-blade can be used to cut suture also
- Sterile hemostats (to clamp tubing – per preference and to widen insertion opening if needed)
- Sterile drape (preference – to cover patient, can be a flat drape or a gown)
- Sterilizer (either mechanical: steam sterilizer or soaking products: Cidex OPA)
- Cidex cleaning solution (if practitioner chooses to use reusable items that will need sterilization)
- Infiltration pump

1.3 List of Supplies Morpheus8 and Forma

- 12-ply gauze
- Alcohol 70%, other medical disinfectants
- Germicidal or disinfectant solution (not containing chlorides or acetone)
- Soft tissues, paper towels, and baby wipes
- Patient drapes or towels
- Hair cap/band

- Disposable Gloves
- Disposable razors and small scissors
- Cooling measures, such as cold compresses or Zimmer
- Emollient Cream (such as Aquaphor)
- Sunscreen with at least SPF 30
- Topical anesthetics
- Patient charts with intake forms: medical history, informed consent, treatment record sheet
- Camera for photo documentation
- White eyeliner pencils for marking treatment areas
- Degreasing cleanser
- Treatment Tips
- Clear Ultrasound/conductive gel (Forma Applicator)

1.4 Sample Set Up



1.5 In-Service Time Schedule

- Allow time for theoretical background and system description.
- For Quantum applicators:
 - Allow 1.5 hours per patient for face and neck and up to 2 hours for body areas.
 - Schedule patients with different treatment areas
- For Morpheus8 and Forma applicators:
 - Allow at least 1 hour per patient
 - Schedule patients with various skin needs, body areas, and skin types.
 - Allow at least 45 minutes per patient for treatment demonstration and discussion of parameters choice.
 - When treating patients with Morpheus8, have the patient arrive early and allow 45-60 minutes for numbing of the topical anesthetic.

1.6 Patient Selection for In-service Day

Please schedule 1-3 patients for Quantum procedures. The treatment areas should focus on small body areas such as the lower face, neck, small abdomen, and flanks. The patients should not have had previous surgery in the area to be treated with Quantum applicators. Procedures can be done in the OR or procedure room in-office per the physician's discretion.

For Morpheus8 Applicators: It is recommended that you schedule volunteer patients for the "live" training session. Volunteer patients can include staff, family, friends, or patients who clearly understand that they will receive treatment during a training session. It is easier to have one patient for a few applications. It is advisable to use a specific consent form designed for this purpose (sample consent forms attached). Patient selection for the training day should include patients who are not of very dark skin types or tanned. The in-service day is intended to train new users to use the system in the safest, most effective settings on the most appropriate patients for an optimal learning experience.

Ensure that the volunteer patient has no contraindications to treatment with the Morpheus8. Obtain as much medical history as possible before the treatment day and review pre-treatment instructions with the patient before the in-service day. If you are unsure that a patient is an appropriate candidate, contact your InMode clinical specialist.

For Forma treatment, select patients with any skin type who wish to firm or tighten the skin. Forma is for patients with facial laxity, such as sagging of the brow or jowl vectors, and loose skin under the chin.

1.7 Contraindications

- DO NOT USE in patients who have electronic implants such as cardiac pacemakers or internal defibrillators without first consulting a qualified professional (e.g., cardiologist). A possible hazard exists because interference with the action of the electronic implant may occur, or the implant may be damaged.
- The Handpiece should be used at least 1cm away from cochlear implants in the ear.
- Permanent implant in the treated area, such as metal plates, screws, and metal piercing or silicon, unless deep enough in the periosteal plane.
- Intra-dermal or superficial sub-dermal areas injected with Botox®/HA/collagen/fat injections or other augmentation methods with bio-material before the product has been dissipated (up to 6 months), except Botox after binding to the facial muscles (3-7 days). Treating sooner over injectable products placed in the deep, periosteal plane is possible as soon as the area has healed (1-3 weeks).
- Subjects who have been treated with fat-dissolving agents, such as Sodium deoxycholate + Phosphatidylcholine, in the treatment area less than 3 months before RF treatment are contraindicated. Fat-dissolving agents intended to be injected after RF treatment should be applied not before 3 months elapse. Treating such patients earlier may result in inflammatory and necrotic responses and in an uneven surface area
- Current or history of skin cancer, or any other type of cancer, or pre-malignant moles.
- Pregnancy and nursing.
- Severe concurrent conditions, such as cardiac disorders or sensory disturbances, epilepsy, uncontrolled hypertension, and liver or kidney diseases
- Impaired immune system due to immunosuppressive diseases such as AIDS and HIV or use of immunosuppressive medications.
- Patients with a history of diseases stimulated by heat, such as recurrent Herpes Simplex in the treatment area, may be treated only following a prophylactic regime.
- Poorly controlled endocrine disorders, such as diabetes or thyroid dysfunction and hormonal virilization.
- Any active skin condition in the treatment area, such as sores, psoriasis, eczema, and rash.
- History of skin disorders, keloids, abnormal wound healing, as well as very dry and fragile skin.
- History of bleeding coagulopathies or use of anticoagulants in the last 10 days
- Facial dermabrasion, facial resurfacing, or deep chemical peeling within the last three months if the face is treated.
- Having received treatment with light, laser, RF, or other devices in the treated area within 2-3 weeks for non-ablative procedures and 6-12 weeks for ablative fractional laser resurfacing (according to treatment severity) prior to treatment, except special recommendations.
- Use of Isotretinoin (Accutane®) within 6 months prior to treatment.

- Use of non-steroidal anti-inflammatory drugs (NSAIDs, e.g., ibuprofen-containing agents) one week before and after each treatment session, as per the practitioner’s discretion.
- Treating over tattoos or permanent makeup to be kept.
- Treating over the lips.
- Skin type VI and dark V patients treated with caution.
- Treating over hair-bearing surfaces.
- Irritable skin, such as excessively tanned skin from the sun, tanning beds, or tanning creams and sprays, within the last two weeks.
- Any surgical procedure in the treatment area within the last three months or before complete healing.
- Any therapies or medications that may interfere with treatment.
- As per the practitioner's discretion, refrain from treating any condition that might make it unsafe for the patient.

1.8 Precautions

- Subjects with known hypersensitivity and a tendency to develop skin reactions, such as prolonged erythema, edema, and allergic reactions, should be treated with caution, applying moderate parameters. Make a test spot on the treatment area and wait as required before treating. Prophylaxis pre-treatment in cases of known individual hypersensitivity, such as antihistamines for known allergy or Acyclovir for patients with a history of herpes simplex, should be prescribed.
- Patients recently injected with common volumizing HA-based fillers should wait at least six months to avoid possible dissociation of the filler and its early absorption. In case of the introduction of new long-lasting fillers, consult the manufacturer’s instructions regarding interactions with RF/heat.
- Subjects with a thin facial adipose layer may be treated superficially with Morpheus8, using moderate treatment parameters: 1-2mm, occasionally 3mm deep, and 10-30 energy levels without stacking. Deeper treatment and higher energy may modify the facial contour



Note

If the patient is uncertain about potential side effects, they should consult their physician and bring written consent for treatment.

Morpheus8 treatment: Acne prophylactic therapy should be prescribed for patients with a history/active Acne in the treatment area (e.g., isotretinoin, antibiotics).

1.9 Possible Side Effects

Use of the system, whether proper or improper, could result in possible side effects. Although these effects are rare and expected to be transient, any adverse reaction should be immediately reported to the physician. Side effects may include any of the conditions listed below. They may appear either at the time of treatment or shortly after.

The side effects may include:

- Discomfort
- Excessive skin redness (erythema) and/or swelling (edema)
- Damage to natural skin texture (crust, blister, burn)
- Change of pigmentation (hyper- or hypo-pigmentation)
- Scarring
- Infection

For Quantum Applicators - Nerve Injury:

- Facial and body nerve branch injury – weakness of affected areas
- Hyperactivity – temporary change in a smile or any facial expression
- Temporary numbness/tingling in the area treated.

1.10 Who Should be Present?

- Everybody involved in the treatment, including administrative staff members who have the first phone interaction with the patients.
- The responsible doctor/nurse/PA should attend the training, devoting the whole time to training. It is recommended that the clinic owner be present, as there may be a turnover of employed staff members.

1.11 Pre-Treatment Preparations

- Advise the patient to avoid skin irritation or intentional skin tanning. Sunscreen is advisable when outdoors during daylight hours.
- The patient should discontinue any irritant topical agents for 2-3 days before treatment.
- The patient should arrive for treatment with clean skin. No lotion, make-up, perfume, powder, or bath/shower oil should be present on the skin in the area to be treated.
- The patient should have a ride available after the procedure.
- The patient is prepared in preop: photos, informed consent, marking of areas, oral preop medications

- Procedure Room preparation: OR or in-office, surgical setup, prepare wetting solution as directed by the physician.
- The Quantum Handpiece/Morpheus8 tip cannot be fully submerged in the liquid to avoid electrical shorts.
- Any topical Lidocaine application or Lidocaine injection should only be administered with a physician's order and under a medical director's supervision.

USE OF TOPICAL AGENTS FOR MORPHEUS8 TREATMENT

- Topical anesthetic application time should not exceed 45-60 minutes, limited to energy as tolerated by the patient, depending on the % of numbing ingredients and patient sensitivity. For those with sensitive skin, it's crucial to take extra precautions when using numbing products.
- To avoid potential chemical burns or allergic reactions, it's recommended that the percentage of numbing ingredients be decreased and that the duration of application be limited.
- In the event of any observable reaction to the numbing agent, it is imperative that the treatment be discontinued.
- Thoroughly cleanse and degrease the skin before treatment to prevent the introduction of products into the dermis

1.12 Post-Treatment Care

Morpheus8:

- Cooling the skin post-treatment can reduce discomfort and excessive skin response.
- Avoid applying any product to the treated area that would not be suitable for an open wound. If possible, do not apply any products for the first 12-24 hours. The treatment creates open channels in the skin, which can inadvertently serve as an entry point for such products. If this occurs, medication/active ingredients can penetrate the skin, leading to an allergic reaction, prolonged healing time, excessive swelling, and granulomas. Ensure that any products applied to the treated area are specifically recommended for use in this context.
- Allergic reactions due to topical anesthetics or posttreatment product application may require the administration of special care to minimize skin reaction.
- As soon as the craters close (1-3 days), apply moisturizer and sunscreen, and may use make-up.
- Downtime is minimal and ranges from 1-5 days, a longer time for superficial treatment and higher energy levels. Some patients exhibit minimal skin surface response, despite achieving favorable outcomes.
- There are no restrictions on bathing except to treat the skin gently and avoid scrubbing or trauma to the treated area.
- Avoid sun exposure to reduce the chance of hyperpigmentation.

- The use of a zinc oxide sunblock SPF 30+ at all times after 24-48 hours.
- Multiple treatments over a period of several months may be required to achieve the desired response.

Quantum:

- Immediate skin cooling with saline-soaked gauze can reduce discomfort and excessive skin response.
- Suture access ports or leave them open, depending on the incision port size.
- Drainage of fluids out of the incision ports may continue for 1-3 days, and the dressing should be changed daily.
- The prescription of oral analgesia can reduce discomfort.
- Prophylactic oral and topical antibiotics for the incision ports may be prescribed at the physician's discretion. They may start the day of treatment and continue for 5-7 days to minimize the risk of infection.
- Compression garments should be applied (minimum three full weeks and three half-day weeks) for body areas. For the neck, 3-4 full days and 1-2 weeks, at night only. For face treatment, garments are at the physician's discretion.
- Ecchymosis may last for 7-10 days or more.
- Substantial edema may last for 1-3 weeks.
- Numbness, tingling, itching, and tenderness to touch may be present in the treated areas. These sensations are gradually regained after 4-16 weeks or occasionally longer.
- Burning or heat sensation may also be experienced in facial or thin skin areas as well.
- The doctor should provide additional personalized post-treatment recommendations.
- The Handpiece should be discarded.

FORMA:

- Skin cooling is NOT recommended.
- The patient should avoid very hot water for 2 days after the treatment.
- The patient should avoid scrubbing, pinching, etc., of the treated area.
- Moisturizer and makeup may be applied to the skin surface immediately post-treatment.
- After each treatment session, the patient should be advised to contact the physician if there is any indication of infection, excessive swelling, redness, pain, or any other unusual or untoward symptom.
- The Handpiece should be cleaned of the gel and disinfected with 70% alcohol.

Sample Patient Intake Forms

2.1.1 PERSONAL INFORMATION

NAME		HOME PHONE	
ADDRESS		WORK / MOBILE PHONE	
CITY		PROVINCE / STATE	
ZIP CODE		DATE OF BIRTH	
REFERRED BY		GENDER	MALE / FEMALE

2.1.2 SKIN TYPE ASSESSMENT

FITZPATRICK SKIN TYPE	I II III IV V VI	ETHNICITY	
LAST EXPOSED TO UV (Sun or tanning bed)			
PASSIVE TAN?	YES / NO	SELF-TANNING LOTION?	YES / NO

2.1.3 MEDICAL HISTORY

PACEMAKER / DEFIBRILLATOR		ACTIVE SKIN INFECTION (E.G., PSORIASIS, ECZEMA)	
METAL IMPLANTS		SKIN DISORDERS (E.G., KELOIDS, ABNORMAL WOUND HEALING)	
CURRENT OR HISTORY OF SKIN CANCER/ OTHER CANCER / PRE-MALIGNANT MOLES		HISTORY OF BLEEDING DISORDERS	
SEVERE CONCURRENT MEDICAL CONDITIONS (E.G., CARDIAC DISORDERS)		USE OF MEDICATION / HERBS INDUCING PHOTOSENSITIVITY	
PREGNANCY AND NURSING		FACIAL LASER RESURFACING / DEEP CHEMICAL PEELING, LAST 3 MONTHS	
IMPAIRED IMMUNE SYSTEM		NEEDLE EPILATION, WAXING, OR TWEEZING, LAST 6 WEEKS	
DISEASES STIMULATED BY LIGHT (E.G. LUPUS, PORPHYRIA, EPILEPSY)		TATTOO OR PERMANENT MAKEUP	
DISEASES STIMULATED BY HEAT (E.G. HERPES SIMPLEX)		TANNED SKIN	
ENDOCRINE DISORDERS (E.G., DIABETES, PCOS)		SAPHENOUS INSUFFICIENCY	
SURGICAL PROCEDURES		INJECTIONS/FILLERS	

Current Medications	
Allergies	
Medical Condition/History	
Patient Weight, Height, BMI	
Other Considerations	

2.2 Sample Informed Consent

BELOW ARE **SAMPLES** OF INFORMED CONSENT AND TREATMENT FORMS FOR REGULAR PATIENTS OR VOLUNTEER PATIENTS FOR TRAINING. INMODE PROVIDES THESE FORMS FOR DEMONSTRATION ONLY AND DOES NOT ACCEPT LIABILITY FOR THEIR CONTENTS. EACH CLINIC MUST CUSTOMIZE THE CONSENT FORMS ACCORDING TO TREATMENT PROCEDURE, LOCAL SPECIFIC REQUIREMENTS, AND LANGUAGE.

FORMA SAMPLE INFORMED CONSENT

I understand that the device is being used to stimulate collagen production and improve skin texture. and I am consenting to be a patient receiving _____ treatment (specify procedure).

I understand that clinical results may vary depending on individual factors, including but not limited to medical history, skin type, 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. These effects have been fully explained to me [redacted] (patient's initials).

I understand that treatment with this system involves a series of treatments, and the fee structure has been fully explained to me [redacted] (patient's initials).

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 have informed the staff regarding any current or past medical condition, disease, or medication taken.

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

I agree to waive, release, discharge, and covenant not to sue Invasix, Inc. d/b/a InMode ("InMode") and its employees, agents, and representatives from any liability, loss, cost, damage, expense, claim, or lawsuit whatsoever for any and all injury, loss, illness, harm, cost, expense, or damage related to the treatment, including any negligent acts or conduct by InMode and its agents, employees, and/or representatives (collectively, "Claims").

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.

Patient Signature _____

Date _____

Witness _____

BELOW ARE **SAMPLES** OF INFORMED CONSENT AND TREATMENT FORMS FOR REGULAR PATIENTS OR VOLUNTEER PATIENTS FOR TRAINING. INMODE PROVIDES THESE FORMS FOR DEMONSTRATION ONLY AND DOES NOT ACCEPT LIABILITY FOR THEIR CONTENTS. IT IS ESSENTIAL THAT EACH CLINIC CUSTOMIZE THE CONSENT FORMS ACCORDING TO TREATMENT PROCEDURE, LOCAL SPECIFIC REQUIREMENTS, AND LANGUAGE.

QUANTUM SAMPLE INFORMED CONSENT

Patient Name: _____ DOB: _____ Date: _____

I request and authorize _____, or a designated person, to perform a procedure with Quantum Handpiece. The handpiece is indicated for use in dermatological and general surgical procedures for electrocoagulation/contraction of soft tissue and hemostasis. The result is heating of the fibrous septa and papillary dermis, resulting in collagen contraction. This procedure is being used to treat my condition/medical diagnosis of Laxity and/or Adiposity.

Areas to be treated: _____.

Please initial each item:

_____ The areas for treatment have been reviewed with me today, and I am in agreement. I have been thoroughly and completely advised regarding the objectives of the procedure. I understand that the practice of medicine and surgery is not an exact science, and although these procedures are effective in most cases, no results have been guaranteed. I acknowledge that imperfections might ensue and that the operative result may not meet my expectations. I understand that skin tightening may not be fully apparent for 6-12 months after this procedure, that results vary from individual to individual, and that results are age-dependent.

_____ The treatment will involve applying heat to the adipose (fat) tissue and dermis using radiofrequency for therapeutic purposes and may be combined with Liposuction.

_____ I am aware of the following possible experiences and/or risks associated with the procedure:

- I consent to the administration of local and tumescent anesthesia. I understand that all forms of anesthesia involve risks and the possibility of complications, injury, or death.
- Discomfort may be experienced during and/or after the treatment.
- Some bruising and/or swelling may occur following the procedure. However, it should resolve in days, weeks, or months.
- Temporary redness (erythema) and swelling of the treated area can occur.
- Nerve Injury:
 - Facial and body nerve branch injury – weakness of affected areas
 - Hyperactivity – temporary change in a smile or any facial expression
 - Temporary numbness/tingling in the area treated.
- Scarring is rare but possible if the skin surface is disrupted.
- Although uncommon, burns can occur.
- Infection is rare, but should it occur, treatment with antibiotics and/or surgical intervention may be required. Infection can further increase the risk of scarring. Proper wound care is important in the prevention of infection. If signs of infection, such as pain, heat, blisters, or surrounding redness, develop, call the office immediately.
- I understand the importance of the pre and post-treatment instructions and that the failure to comply with these instructions may increase the possibility of complications.

_____ I understand that lipoaspiration occasionally may be used in conjunction with the treatment if _____ determines it is necessary to do so. I understand that skin irregularities may occur with any lipoaspiration treatment.

_____ I consent to have clinical photographs taken before, during, and after my procedure. I understand that these photographs are an important part of my medical record. In addition, I consent to use these photographs, without my identity being revealed, for the education of future patients, professional clinical presentations, and medical journals.

_____ The nature and effects of the procedure, the risks, the ramifications, complications, as well as alternative methods of treatment have been fully explained to me by the physician or designated person, and I understand them. I am aware that this device is FDA-cleared for soft tissue coagulation. The benefits of the proposed procedure, along with the probability of success, have also been discussed with me. I have been given the opportunity to ask questions and have received satisfactory answers. I certify that I have read the above authorization and fully understand it.

_____ I agree to waive, release, discharge, and covenant not to sue Invasix, Inc. d/b/a InMode (“InMode”) and its employees, agents, and representatives from any liability, loss, cost, damage, expense, claim, or lawsuit whatsoever for any and all injury, loss, illness, harm, cost, expense, or damage related to the treatment, including any negligent acts or conduct by InMode and its agents, employees, and/or representatives (collectively, “Claims”).

DISCLAIMER

Informed Surgical Consent Forms communicate information about the proposed treatment of a condition, including disclosure of risk and alternative treatment(s). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

What the surgical and office staff have discussed with you and have been included in this consent are the material risks, both common and uncommon, that the doctor feels a reasonable person would want to know, understand, and consider in deciding if the proposed treatment of a condition is something they would like to proceed with.

However, informed surgical consent should not be considered all-inclusive when defining other methods of care and risks encountered. The staff may provide additional or different information based on all the facts in your particular case and the state of medical knowledge. Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined based on the facts involved in an individual case. They are subject to change as scientific knowledge and technology advance and practice patterns evolve. It is important that you read the above information on this and all preceding pages carefully and have your questions answered by the doctor before signing the consent on the last page.

I CONSENT TO THE PROCEDURE AND/OR TREATMENT AND THE ABOVE-LISTED ITEMS.

I AM SATISFIED WITH THE EXPLANATION

Patient or Person Authorized to Sign for Patient

Please Print Name Here

DATE

WITNESS

BELOW ARE **SAMPLES** OF INFORMED CONSENT AND TREATMENT FORMS FOR REGULAR PATIENTS OR VOLUNTEER PATIENTS FOR TRAINING. INMODE PROVIDES THESE FORMS FOR DEMONSTRATION ONLY AND DOES NOT ACCEPT LIABILITY FOR THEIR CONTENTS. IT IS ESSENTIAL THAT EACH CLINIC CUSTOMIZE THE CONSENT FORMS ACCORDING TO TREATMENT PROCEDURE, LOCAL SPECIFIC REQUIREMENTS, AND LANGUAGE.

**For Volunteer Patients, In-service Training
MORPHEUS8/MORPHEUS8 DEEP**

PATIENT NAME _____

TREATMENT SITES _____

I DULY AUTHORIZE _____ TO PERFORM _____ TREATMENT.

I understand that the device is being used for tissue contraction through fractional coagulation and bulk heating, and I consent to be a patient receiving Morpheus8 treatment.

I understand that clinical results may vary depending on individual factors, including, but not limited to, medical history, skin type, 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. When using Morpheus8, there is a potential low-level stimulation of branches of the facial nerve, and involuntary contraction of the underlying facial muscle may occur. This is transient and is not harmful, as the Morpheus8 effect diminishes at the deeper level, where parts of the facial nerve lie above the muscles. These effects have been fully explained to me _____ (patient's initials). I understand that treatment with this system involves a series of treatments, and the fee structure has been fully explained to me _____ (patient's initials).

I certify that I have been fully informed of the procedure's nature and purpose, expected outcomes, and possible complications. 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 have informed the staff regarding any current or past medical condition, disease, or medication taken.

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

I agree to waive, release, discharge, and covenant not to sue Invasix, Inc. d/b/a InMode ("InMode") and its employees, agents, and representatives from any liability, loss, cost, damage, expense, claim, or lawsuit whatsoever for any and all injury, loss, illness, harm, cost, expense, or damage related to the treatment, including any negligent acts or conduct by InMode and its agents, employees, and/or representatives (collectively, "Claims").

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.

Patient Signature _____

Date _____

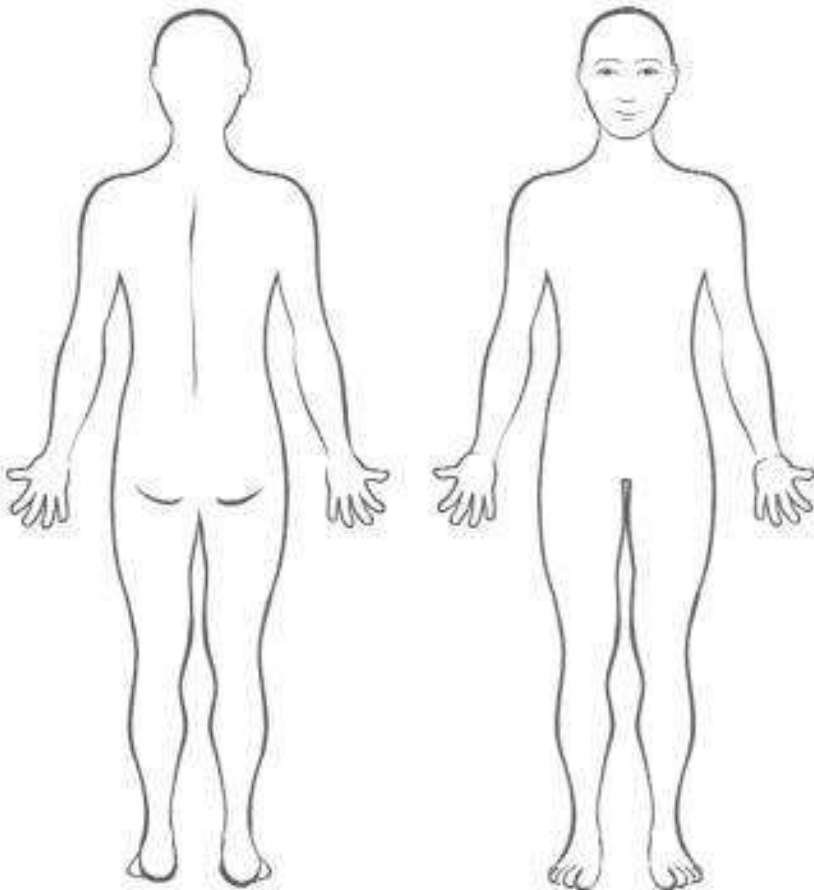
Witness _____

QUANTUM BODY TREATMENT FORM

Patient Name: _____ DOB: _____ Date: _____

ZONE	Tumescent solution/ Volume infiltrated	Medications Administered	Local 1% lido with epi

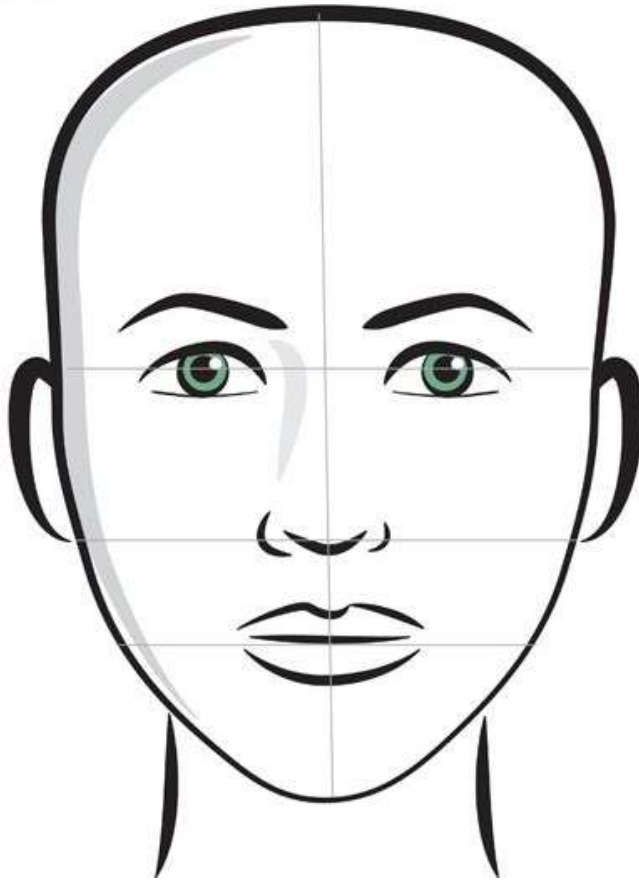
Body Zones	Q10
Pinch Test Zone 1:	
Zone1 size:	
Zone1 pulse count:	
Pinch Test Zone 1:	
Zone1 size:	
Zone1 pulse count:	
Time	
Total KJ delivered	
Fractional RF M8 Energy	
#Pulses	



QUANTUM FACE TREATMENT FORM

Patient Name: _____ DOB: _____ Date: _____

Zone	Tumescent solution/ Volume infiltrated	Medications Administered	Local 1% lido with epi
Submental			
Left Jowl			
Right Jowl			



Face Zones	Q10
Submental Pinch Test	
Pulse Count	
Jowl Pinch test	
Lf. Jowl Pulse Count	
Rt. Jowl Pulse Count	
Time	
Total kJ delivered	
Fractional RF M8 Energy	
#Pulses	

LUXORA QUANTUM SAMPLE POST-CARE INSTRUCTIONS

BELOW IS A **SAMPLE** OF POST-CARE INSTRUCTIONS FOR REGULAR PATIENTS OR FOR VOLUNTEER PATIENTS FOR TRAINING. INVASIX/INMODE PROVIDES FORMS FOR DEMONSTRATION ONLY AND DOES NOT ACCEPT ANY LIABILITY FOR THEIR CONTENTS. EACH CLINIC MUST CUSTOMIZE POST-CARE INSTRUCTIONS ACCORDING TO TREATMENT PROCEDURE, LOCAL SPECIFIC REQUIREMENTS, AND LANGUAGE.

1. Treatment areas will have Dressings and/or a pressure garment to be removed in 48 hours. According to the physician's instructions, wear the garment in the evening and while sleeping for at least two weeks or until the swelling subsides. The garment ideally should be worn for 12 hours per day for the first 2 weeks.
2. Wound care: Let soapy water wash over the incision sites (do not scrub), then apply antibiotic ointment to the incision points twice daily for one week while the skin is healing after initially removing the pressure garment. Tiny scabs may appear during the healing process. Please do not pick at the scabs.
3. After 48 hours, gently cleanse the treated areas with mild soap such as Cetaphil or Cerave and water. Avoid drying or irritating facial products, including Retinol and acids (Salicylic, Glycolic, etc.), for 3 weeks after the procedure. Do not rub or irritate the area.
4. Although these effects are rare and temporary, redness and swelling may last up to 3 weeks and are a part of a normal reaction to the treatment. Bruises occur in some people and last 1 to 2 weeks and are a normal reaction to the treatment. Some patients report a burning sensation, tingling, or tightening sensation in the treatment area for up to 3 months.
5. Limit physical activity and exposure to excessive heat (including fires) and UV light for 2 wks.
6. For facial and neck procedures, Sleep on several pillows or in a recliner to keep your head elevated for at least two to three days to help minimize swelling. For the first 48 hours, minimize talking and chewing. We recommend following a soft diet.
7. Make-up may be applied as soon as 72 hours after the procedure to cover any redness or bruising. Avoid the incision points that may still be healing.
8. If treatment was done on the face or neck, facial shaving should only be done with an electric razor for the first week.
9. Burns and changes in pigmentation are rare, although they may occur. If you notice small white bumps, they may take a few weeks to resolve.
10. Only take prescribed pain medication or Tylenol for pain relief (not both) after your procedure unless instructed otherwise. Other pain relievers such as Aspirin or NSAIDs (i.e., Advil, Motrin, Ibuprofen, Naproxen, Aleve, etc.) can thin the blood and cause bleeding or bruising. The only exception to this rule is if your primary care doctor has prescribed you to take a daily Aspirin, NSAID, or other blood thinner. Your next dose of pain medication should be at _____. Take all antibiotics unless instructed otherwise.

11. Do NOT drink alcohol for several days as instructed by the doctor after this procedure. Drinking alcohol can negatively affect healing and can cause thinning of the blood, bleeding, crusting, and/or bruising.
12. Remember, although the skin has initially healed, it takes 3-6 months before any changes in skin tightening can be perceived and 12 months before final results can be appreciated.
13. If you have any questions or experience fever, chills, drainage, discharge, or extreme discomfort, please contact _____. If you call after hours, the answering service will page the doctor for you.

PATIENT NAME: _____

TREATMENT: **MORPHEUS8 /MORPHEUS8 DEEP**

SKIN TYPE: I II III IV V VI

Date	Treatment Area	Energy	Mode	Applicator/ Tip Type	Total Pulses	N of Stacks	Notes (# passes, treatment time, Skin response, etc.)

PATIENT NAME: _____

TREATMENT: **FORMA**

SKIN TYPE: I II III IV V VI

Date	Treatment Area	Energy of Power	Cut-off Temp.	Total Energy	Time per Zone	Notes (# passes, treatment time, Skin response, etc.)