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| A logo with a eye and text  Description automatically generated with medium confidence      *713 Washington Rd.*  *Pittsburgh, PA 15228*  *P: 412-561-1964*  *F: 412-561-7295*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *189 East Pike Street*  *Canonsburg, PA 15317*  *P: 724-745-6258*  *F: 724-745-8431*  *Roger P. Zelt, M.D.*  *James B. Dickey, M.D.*  *Donald A Morris, D.O.*  *Jill K. Schuerman, O.D.* | Advanced Eye Care Compassion Service  **75 years**  ***South Hills Eye Associates, Ltd.***  EYE PHYSICIANS AND SURGEONS |
| **Morpheus8 Pre-Post Instructions**  **Pre-Treatment:**   * Please arrive with NO makeup on eyes or face. * Ensure no lotions or sunblock are on your face. Anything left on the skin will act as impedance to the energy and will diminish the effects. * Do not wear jewelry to your appointment or prepare to remove it. * Excess hair in the treatment area may need to be shaved the night prior. * Avoid Accutane (Isotretinoin) for 6 months prior to treatment. * No sun-tanning or self-tanners 2 weeks prior to treatment (includes spray tans, tanning lotions, tanning eds, sun exposure, etc). * Avoid treatments that may irritate the skin for 1-2 weeks prior to treatment (waxing, bleach, tweezing, depilatories, etc). * 1-2 weeks prior to your treatment, stop taking medications that could act as blood thinners. Consult your doctor first to make sure it is safe to stop these. These medications include the NSAIDs (Motrin, Aleve, Ibuprofen, Aspirin, etc). You can take Tylenol if necessary. This will limit the chances of bruising and bleeding. You may also want to avoid taking certain herbal supplements (Omega-3 capsules, Vitamin E, Garlic, St John’s Wort, and Ginko Biloba). * A week prior to treatment, stop anti-aging products, including retinoids, retinols, tretinoin (Retin-A), vitamin C, glycolic Acid, tretinoin, and Alpha Hydroxy Acid. * Inform the doctor at least a week before treatment if you have a history of Herpetic disease (cold sores, shingles, simplex). * Stop alcohol a couple of days before Morpheus8. You want to ensure you are hydrated, well-rested, and healthy. * Neurotoxins (Botox) or fillers should be given post-treatment or a minimum of two weeks prior to any radiofrequency. * Ensure you have NO open lesions or wounds or infections on the treatment area.   **Post Treatment:**   * How you treat your skin after the procedure is crucial. Even though Morpheus8 is one of the most simple and noninvasive procedures you can have, taking care of your skin afterward is very important. * You may notice tightness and some swelling for up to a week after. Minor needle marks on the skin could also be noticeable, but generally go away with time. Superficial bruising can occur and is temporary. * Around two or three hours after, you can use a gentle cleanser while washing your face. This is best saved for around bedtime, giving you more time between Morpheus8 and washing your face. * For 5 to 7 days afterward, moisturizers, recovery balms can be very helpful, as the skin will tend to dry, be red and perhaps somewhat scaly. We like and generally provide a take home kit of Alumier Sensicalm, Recovery Balm, and Sheer Hydration Broad Spectrum Sunscreen SPF 40. Alternatively, aquaphor ointment can be helpful as well. * Sleep in a slightly elevated position for the first 2-3 days to help prevent additional swelling. * A broad spectrum SPF 40 or higher sunscreen should be used for several weeks after treatment. * Generally makeup can be applied within 72 hours of treatment, but care should be given to avoid scrubbing soaps or exfoliates, and any skin irritants. * Tiny scabs may appear after 1-3 days after treatment. Please call us if you are concerned about excessive swelling, redness, pain, or infection. But it is not uncommon to have reddened skin with healing miconeedling sites for a week or more post treatment. Skin moisturizers can help this tremendously.   **\*\*\* CAUTION ! \*\*\* PLEASE LET US KNOW IF YOU HAVE ANY OF THE BELOW :**   * Pregnant or nursing * Poorly controlled endocrine disorders, such as diabetes, thyroid dysfunction, and hormonal virilization such as polycystic ovary syndrome * Embedded pacemaker or ICD (implantable cardioverted defibrillator) * Superficial implants (metal, screws, piercings) * Ear implants * Sensitivity to gold * Allergic reactions to corn starch, derivatives – present in UV gel * Been on Accutane (isotretinoin) within the previous 6 -12 months * Have had Botox in the last 2 weeks * Fillers / other augmentation methods with bio material in the last 6 months * Skin cancers or current condition of any other type of cancer or premalignant moles in the treatment area * Severe concurrent conditions, such as cardiac disorders, sensory disturbances, uncontrolled hypertension, and liver or kidney diseases * Impaired immune system due to immunosuppressive diseases such as AIDS and HIV or use of immunosuppressive medications * Any surgical procedure in the treatment area within the last three months or before complete healing * Facial laser resurfacing, facial dermabrasion, and deep chemical peeling within the last three months if face is being treated. * Vitiligo or other pigmentary disorders   I have received a copy and will follow the Pre and Post Treatment Instructions.  Patient Name: (Printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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