

Photography

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I authorize anonymous / de-identified marketing, education, and promotional use of my treatment photographs.

Financial Responsibility

I understand that fees for this treatment are due in accordance with Beautox Bar policies as explained to me. Fees are generally non-refundable once treatment has been provided. Package or series pricing, if applicable, has been or will be explained before treatment begins.

Release

To the fullest extent permitted under Minnesota law, I release and hold harmless Beautox Bar LLC, Beautox Bar WBL LLC, their medical director(s), licensed medical providers, employees, contractors, and agents from claims arising from known risks and expected side effects of properly performed this treatment as described in this consent. This release does not apply where prohibited by law, or to claims resulting from gross negligence, reckless conduct, or intentional misconduct.

BEAUTOX BAR

Beautox Bar LLC • 7372 Kirkwood Court N, Maple Grove, MN 55369

Beautox Bar WBL LLC • 4503 Allendale Drive, White Bear Lake, MN 55127

Morpheus8 Informed Consent and Authorization

Client Name: _____

Purpose / Indication

I understand that I am requesting Morpheus8 treatment. Morpheus8 is a fractional radiofrequency (RF) device used for subdermal and dermal remodeling of facial and body areas through fractional coagulation and sub-necrotic bulk heating. It is commonly used on the face, neck, chest, back of the hands, and small body areas. Treatment may help improve rough texture, fine lines, wrinkles, depressed scars (including acne scars), and superficial pigments, and may support skin rejuvenation through dermal heating that stimulates collagen. Closure of superficial fine blood capillaries may also occur as part of the treatment response. Anesthesia may include topical cream, injections, or sedation, depending on treatment parameters and physician / provider discretion.

Acknowledgment and Authorization

I authorize Beautox Bar LLC and/or Beautox Bar WBL LLC, and their licensed medical providers and authorized clinic team members, to perform Morpheus8 treatment(s) after evaluating my medical history and determining that treatment is appropriate for me. I understand this treatment is elective and cosmetic. I understand that no guarantee of final results has been made, and that individual response varies.

Expected Results and Treatment Series

Results vary from person to person based on factors such as medical history, skin type, treatment area, compliance with pre- and post-care instructions, and individual response to treatment. Optimal improvement typically involves a series of treatments — commonly about 1 to 5 sessions spaced approximately 3 to 6 weeks apart — depending on treatment parameters and my response. Maintenance treatments may be recommended. Short-term effects such as reddening, mild burning sensation, temporary bruising, and temporary discoloration are expected for many patients. Visible improvement may develop gradually over the following weeks as the skin heals and remodels. No guarantee can be given as to the final result obtained.

Risks and Possible Side Effects

Every procedure involves risk. An individual's choice to undergo this procedure is based on comparing the risks to the potential benefit. Possible side effects and risks of Morpheus8 treatment include, but are not limited to:

- Local pain or discomfort during or after treatment
- Erythema (redness) and edema (swelling), which may last up to a few weeks and can be a normal part of healing

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- Mild burning sensation, temporary bruising, or temporary discoloration
- Tiny scabs on the face for a few days (often normal); makeup is typically deferred for about 1–2 days after treatment unless otherwise directed
- Damage to natural skin texture (crusting, blistering, or burn)
- Hyperpigmentation or hypopigmentation (darkening or lightening of the skin), which may be temporary or, rarely, longer-lasting or permanent — risk may be higher in darker skin tones, especially if post-care instructions are not followed
- Scarring (uncommon; rare when post-care instructions are followed)
- Infection or delayed healing
- Allergic reaction (including to topical anesthetics, products applied before, during, or after treatment, or other materials used)
- Unsatisfactory cosmetic result, little or no improvement, or need for additional treatments

Burns, lasting pigment changes, and scarring are uncommon but have been reported. I agree to promptly report any adverse or unexpected reactions (such as increasing pain, spreading redness, blistering, pus, fever, significant swelling, or signs of infection) to Beautox Bar LLC / Beautox Bar WBL LLC.

Contraindications and Pre-Treatment Disclosures

I represent that I have disclosed, or will disclose before treatment, any medical conditions, medications, or circumstances that may affect healing or the safety of Morpheus8 treatment, including but not limited to:

- Pregnancy or nursing / breastfeeding
- History of keloid or hypertrophic scarring
- Autoimmune disease or conditions affecting healing
- Bleeding disorders or use of medications/supplements that significantly increase bleeding risk (as discussed with the provider)
- Isotretinoin (e.g., Accutane®) use within the past 6 months
- Active infection, open wounds, rash, or inflammatory skin condition in or near the treatment area
- Active acne outbreaks in the treatment area
- Active cold sores / herpes simplex outbreak
- Recent sunburn or significant recent sun exposure to the treatment area
- Pacemaker, defibrillator, implanted electronic device, or metal implant in or near the treatment area (as applicable to RF treatment)
- Recent cosmetic procedures (including injectables, lasers, or other energy-based treatments) in the treatment area that have not been cleared by the provider
- Other medical conditions, allergies (including to anesthetics), or medications that may affect healing or treatment safety

I understand that if any of the above apply, treatment may be postponed, modified, or declined for my safety. I agree to update Beautox Bar if my medical history changes during a treatment series.

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Pre- and Post-Care Instructions

I agree to follow all written and verbal pre- and post-care instructions provided by Beutox Bar, including but not limited to:

- Use sun protection and avoid intentional tanning of treated skin as directed
- Do not pick, scratch, or aggressively exfoliate treated skin or scabs
- Avoid harsh skincare products, retinoids, acids, and other products until instructed that it is safe to resume them
- Keep the treated area clean and follow any product or dressing recommendations given by the clinic team
- Follow guidance regarding makeup (typically 1–2 days after facial treatment unless otherwise directed)
- Promptly report unexpected reactions to Beutox Bar LLC / Beutox Bar WBL LLC

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Minnesota Informed Consent Notice

Under Minnesota law, patients are entitled to complete and current information about their diagnosis, proposed treatment, alternatives, risks, and prognosis in language they can reasonably understand, and have the right to refuse treatment after receiving that information. See Minn. Stat. § 144.651, subd. 9 (information about treatment) and subd. 12 (right to refuse care). Obtaining informed consent for tests, procedures, and treatments is also a recognized professional obligation for physicians licensed in Minnesota (see Minn. Stat. ch. 147). By

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signing this form, I confirm that I have received understandable information about Morpheus8 treatment, alternatives, risks, and contraindications, have had a chance to ask questions, and am consenting voluntarily.

Informed Consent Confirmation

I have had the opportunity to ask questions about Morpheus8 treatment; my questions have been answered satisfactorily. I understand the nature and purpose of the procedure, expected outcomes, possible complications, potential benefits, alternatives (including no treatment), material risks, and expected recovery. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based on my expressed desire to do so. My consent is given voluntarily.

Client Acknowledgements

By signing this consent, I state and confirm that:

- I have read and understand this consent form (or had it read to me).
- I understand that cosmetic results are not guaranteed.
- I have disclosed all relevant medical history, medications, and conditions that may affect treatment or healing.
- I consent voluntarily to Morpheus8 treatment by Beutox Bar LLC and/or Beutox Bar WBL LLC and authorized providers and clinic team members.

Acknowledgment and Consent

I consent to Morpheus8 treatment as described in this form. I have read the information above (or had it read to me) and am satisfied with the informed consent process. I hereby give consent to Beutox Bar LLC and/or Beutox Bar WBL LLC, and to authorized providers and clinic team members, to perform this and subsequent Morpheus8 treatments under this consent unless I revoke it. I understand I may ask questions at any time and may withdraw consent for future treatments.

Client Name (print): _____

Client Signature: _____ **Date:** _____

Clinic Team Member Name (print): _____

Clinic Team Member Signature: _____ **Date:** _____

This consent applies to services provided by Beutox Bar LLC (Maple Grove) and Beutox Bar WBL LLC (White Bear Lake).

Morpheus8® is a trademark of its respective owner and is used here for product identification only.