

# Morpheus 8 Assessment

Pt. Name: \_\_\_\_\_

Date: \_\_\_\_\_

Chart #: \_\_\_\_\_

Numbing Start Time: \_\_\_\_\_

Procedure Start Time: \_\_\_\_\_

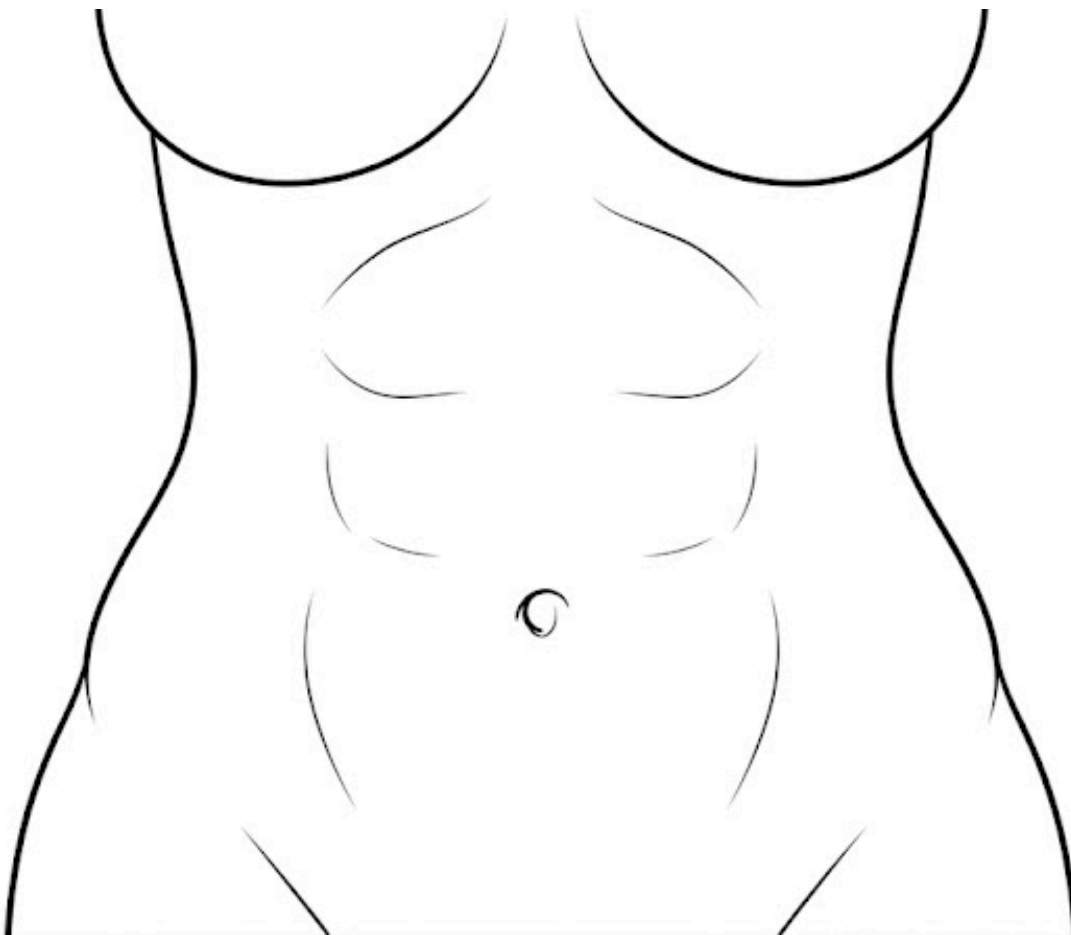
Lido Injections?  \_\_\_\_\_ CCS

End Time: \_\_\_\_\_

Clean Tip: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Procedure Notes:

PRP?  \_\_\_\_\_ CCS

PDRN?  \_\_\_\_\_ CCS

Other?  \_\_\_\_\_

\_\_\_\_\_ CCS