

Name: _____

Address: _____

I (print Name) _____ hereby request and
authorise the provider to use ExoCoBio Exosomes on my skin for cosmetic purposes.

The purpose of this consent form is to inform you about the ExoCoBio ASCE+ topical use cosmetic solutions. ASCE+ is a clinically proven paraben free and hypoallergenic intensive dual action complex is designed to absorb quickly into the skin delivering the concentrated power of over 5 billion lyophilized exosomes “nanoparticles which promote cell to cell communication within your own skin”, potent growth factors, peptides, coenzymes, minerals, amino acids, vitamins and irritation reduction agents to rejuvenate the skin and promote a more youthful healthy appearance.

- Noticeably reduces the appearance of age related pigment
- Visibly makes skin appear firmer and more youthful
- Visibly reduces the appearance of fine lines and wrinkles
- Hydrates and nourishes skin
- Promotes a more radiant and even toned complexion

RISKS AND POSSIBLE COMPLICATIONS

Exosomes carry a lower risk of complications since exosomes do not require an invasive procedure. Exosomes do not have the ability to proliferate. They travel between cells and transfer signals, anti-inflammatory cytokines and peptides responsible for tissue repair and anti-ageing purposes.

All facial rejuvenation treatments carried out with ASCE+ are associated with risks and complications. These limited risks relate directly to the use of exosomes as a form of topical cosmetic treatment as well as the minimal risks related to the technology and modality (ie Laser/RF) being used prior to the application ExoCoBio Exosomes. The following but unlikely may or may not occur in relation to your treatment as all individuals and skin types are different.

- Swelling, redness, small ecchymosis, bruises, local inflammation. This usually disappears within 24-48 hours or after appropriate treatment.
- Unsatisfactory results: The degree of skin rejuvenation is dependent on the age of the patient, skin type and condition, degree of sun and environmental damage and levels of pigmentation.
- The results are not guaranteed and that for maximum results the physician after care plan should be followed.
- Herpes Simplex breakouts.
- Mild pain may be experienced by some patients during the application of the product on the skin. This will subside in a few hours. Speak to your physician if there are any concerns.

- In rare cases localised allergic reactions to certain ingredients constituting the ASCE+ may occur. These allergic reactions may require additional treatments. Systemic allergic reactions may arise from the use of other medications used in combinations with this treatment.
- There is a possibility of unknown risks, complications and limitations of this treatment that may have not yet been discovered.

PATIENT FOLLOW-UP AND AFTERCARE

I understand that the Exosomes Facial Rejuvenation Treatments protocol should be followed as discussed by my physician in regard to my treatment plan.

My expectations are realistic, and I understand that the results are not guaranteed and that for maximum results more than one treatment is required along with Maintenance Sessions. I agree to follow my treatment plan, and Patient Home Care Plan. I will be responsible by following the protocols as recommended by my physician as this can minimise possible negative reactions. I will avoid the following; makeup for 24 hours *unless otherwise discussed, extreme temperatures, saunas, direct sunlight, harsh skincare.

PHOTOGRAPHIC IMAGES

I give my permission to take photographs of all treated sites for diagnostic purposes and to accurately document the treatment in the usual and customary manner. I agree that these photographs are the property of the clinic.

Initials: _____

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.

DISCLAIMER

Informed consent documents are used to provide information about the proposed ASCE+ rejuvenation treatments. The informed consent process attempts to define principles of risks and possible complications disclosed that should generally meet the requirements of most patients. This document should not be considered 'all inclusive' in defining all risks. Informed consent is not intended to define or provide a standard of medical care.

I understand the potential risks and complications and have agreed to proceed with the treatment after careful consideration of the possibility of both known and unknown risks, complications and limitations. I agree this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs and I have had sufficient opportunity for discussion to have any questions answered.

Patient Name (Printed): _____

Signature: _____ **Signed / Date:** _____

Provider Signature: _____ **Signed / Date:** _____