



ARIESSENCE PDGF+ INJECTABLE TREATMENT AFTERCARE AND CONSENT FORM

Procedural Description

Ariessence is an advanced regenerative serum powered by Platelet-Derived Growth Factor (PDGF), a naturally occurring protein essential to the body's healing response. PDGF is released by the body during tissue injury and plays a vital role in cell signaling, repair, and regeneration.

When injected, Ariessence delivers concentrated PDGF directly into the skin to stimulate cellular turnover, enhance collagen synthesis, and support dermal remodeling. It strengthens skin from within –improving texture, elasticity, and overall skin quality over time.

From under-eye rejuvenation to full-face renewal, Ariessence has become one of our go-to biostimulatory injectables. It is particularly valued for the delicate under-eye area, where it helps improve hollowness, fine lines, and skin thinning, while also benefiting areas like the cheeks, smile lines, and jawline when used as a full-face collagen booster.

Note: Ariessence is also available as a topical enhancement applied post-procedure to support healing and results following treatments such as microneedling, RF, laser resurfacing, or chemical peels.

Before Your Treatment

- Avoid NSAIDs (ibuprofen, aspirin), fish oil, and alcohol for 48 hours prior to minimize risk of bruising.
- Inform your provider of any autoimmune conditions, recent illness, or active infections.
- Discontinue use of retinoids, acids, or exfoliants for 3–5 days prior to treatment in the treatment area.
- Hydrate well and arrive with clean, makeup-free skin.
- Discuss any history of keloid scarring, hypersensitivity, or aesthetic concerns with your provider.

What to Expect During Your Treatment

- Your provider will assess your skin and determine the appropriate injection points based on your goals.
- A topical numbing agent may be applied to enhance comfort.
- Ariessence will be injected into targeted areas using a fine needle or cannula.
- Mild swelling, redness, or pinpoint bruising may occur and usually subsides within a few days.
- The procedure typically takes 30–45 minutes.

Post-Treatment Instructions

- Avoid touching, pressing, or massaging the treated area for 24 hours.
- Refrain from intense exercise, saunas, and heat exposure for 24–48 hours.
- Do not apply makeup for at least 12 hours post-treatment.

- Use gentle skincare and sunscreen daily.
- Avoid harsh actives (retinols, exfoliants, acids) for 3-5 days post-procedure.
- Swelling or bruising may occur and is temporary; Arnica or ice packs can help reduce swelling.
- Follow your provider's recommended treatment plan for best results, typically a series of 2-3 sessions spaced 4-6 weeks apart.

Ariessence PDGF+ Informed Consent

The nature of the injectable Ariessence procedure has been explained to me. I understand that while the goal is improvement in skin tone, texture, and collagen production, results vary from person to person. Risks and possible side effects associated with injectable biostimulatory treatments have been reviewed with me.

I understand that side effects may include but are not limited to:

- Mild swelling, redness, bruising, or tenderness
- Itching or irritation at the injection site
- Infection or inflammation
- Uneven texture or results
- Allergic reaction (rare)
- Temporary nodules or bumps under the skin
- Need for multiple sessions for optimal results
- Dissatisfaction with the outcome
- Unforeseen complications or side effects

I acknowledge the following has been discussed with me:

- The nature and purpose of the procedure
- Expected benefits and limitations
- Possible risks, side effects, and alternatives
- The importance of post-treatment care
- That results may vary depending on individual biology, age, skin quality, and adherence to post-care guidelines

For women of childbearing age:

By signing below, I confirm that I am not pregnant and do not intend to become pregnant at any time during the course of the treatment. Furthermore, I agree to keep Honey Skincare Studio and my provider informed should I become pregnant during the course of the treatment.

Photographic documentation will be taken.

I hereby do authorize the use of my photographs for teaching purposes.

WRITTEN CONSENT

BY MY SIGNATURE BELOW, I acknowledge that I have read and fully understand the contents of this informed consent form. I have been given the opportunity to have all my questions answered to my satisfaction by Honey Skincare Studio's healthcare team.

I have read this form and understand it, and I request the performance of the procedure.

PRINTED NAME: _____

PATIENT SIGNATURE: _____

DATE: _____