



# EXOSOMES TOPICAL APPLICATION AFTERCARE AND CONSENT FORM

## Procedural Description

Exosomes are one of the most advanced regenerative technologies in aesthetics today. Derived from stem cells, these microscopic extracellular vesicles carry a potent combination of growth factors, peptides, cytokines, and genetic material that signal your skin to regenerate and repair. When applied topically post-procedure—following treatments such as microneedling, RF, laser resurfacing, or chemical peels—Exosomes accelerate recovery, reduce inflammation, boost collagen and elastin production, and improve skin tone, texture, and radiance.

This treatment is ideal for clients seeking faster recovery and amplified skin rejuvenation following a skin-repairing service.

*Ask your provider about the injectable version of Exosomes, which can also be used for full-face rejuvenation, under-eye support, and even hair restoration.*

## Before Your Treatment

- Avoid the use of retinoids, exfoliants, and actives for at least 48 hours prior to your procedure.
- Discontinue use of any skin-sensitizing products unless directed otherwise by your provider.
- Inform your provider of any active skin infections, open wounds, or recent sunburn in the treatment area.
- Stay well hydrated for optimal skin health and healing.

## What to Expect During Your Treatment

- After your primary skin procedure, Exosomes will be applied topically to the treated area.
- They may be gently massaged or microneedled into the skin to support deep absorption.
- This step adds minimal time to your treatment and enhances post-procedure outcomes without discomfort.

## Post-Treatment Instruction

- Avoid washing the treated area for 6–8 hours to allow full Exosome absorption.
- Do not use exfoliants, retinoids, or active ingredients for 3–5 days post-treatment.
- Follow any custom skincare recommendations given by your provider.
- Expect quicker healing, reduced redness, and enhanced overall skin improvement.

## Informed Consent

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The nature of Exosome topical therapy has been explained to me. I understand that, just as there are benefits from this procedure, all cosmetic treatments involve some degree of risk. Possible side effects may include but are not limited to: mild redness, swelling, irritation, allergic reaction, or sensitivity. These effects are typically short-lived. Rare or unforeseen complications may also occur.

I understand that Exosomes are applied topically following another procedure to enhance the skin's regenerative response. I have been informed that results are not permanent and that multiple sessions may be needed for optimal results. I understand that results vary from person to person depending on skin condition, health, and lifestyle.

I understand this treatment is not appropriate if I have open infections, compromised skin integrity, or known allergies to any of the components. I confirm that I have disclosed any relevant medical history to my provider.

I acknowledge that I have had the opportunity to ask questions and that all of my questions have been answered to my satisfaction. I understand the potential benefits, risks, expected outcomes, and post-treatment care requirements.

I have also been informed that Exosomes are available as an injectable treatment for under-eye and full-face rejuvenation, and I may discuss this option with my provider in the future.

**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 HEALTHCARE TEAM.

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

PRINTED NAME:

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PATIENT SIGNATURE:

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DATE:

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