



# ARIESSENCE PDGF+ TOPICAL APPLICATION AFTERCARE AND CONSENT FORM

## Procedural Description

Ariessence is a concentrated regenerative serum formulated with Platelet-Derived Growth Factor (PDGF), a naturally occurring protein essential for healing and tissue repair. When the body sustains injury, PDGF is released to signal the repair process—stimulating stem cells, promoting collagen and elastin production, and encouraging cellular renewal.

When applied topically after procedures such as microneedling, RF, laser resurfacing, or chemical peels, Ariessence accelerates recovery, enhances treatment outcomes, and improves overall skin quality. It is applied immediately post-treatment while the skin is most receptive to absorption and healing.

PDGF is one of the most potent natural drivers of regeneration, making this topical treatment ideal for clients seeking faster healing, reduced redness and inflammation, and a visibly improved post-procedure glow.

**Note:** Ariessence is also available as an injectable treatment, especially popular for under-eye rejuvenation and full-face collagen support. Ask your provider if injectable Ariessence may be appropriate for your long-term skin goals.

## Before Your Treatment

- Arrive with clean, makeup-free skin.
- Avoid retinoids, exfoliants, and acids for 3–5 days prior to your scheduled treatment.
- Inform your provider of any recent sunburn, rash, or active skin infection in the treatment area.
- Hydrate well the day before and day of treatment.
- Let your provider know about any autoimmune conditions, recent illness, or hypersensitivities.

## What to Expect During Your Treatment

- Ariessence will be applied immediately following your skin procedure while microchannels are still open and the skin is highly receptive.
- The solution may feel slightly cool or tingly as it absorbs.
- There is no additional discomfort beyond your original skin procedure.
- Your provider will ensure even application across the treated area and may layer serums or barrier support as needed.

## Post-Treatment Instructions

- Avoid touching or washing the area for at least 6 hours post-procedure.
- Refrain from applying makeup or using active skincare for 24–48 hours.
- Use a gentle cleanser, moisturizer, and mineral-based sunscreen daily.

- Avoid intense workouts, saunas, or excessive heat exposure for 24–48 hours.
- Redness, sensitivity, and dryness may occur and typically resolve within 2–3 days.
- Follow all post-care instructions provided based on your underlying treatment.

## Informed Consent

The nature of the topical Ariessence application has been explained to me. I understand that this is a post-procedural enhancement intended to support skin healing and rejuvenation. While benefits may include faster recovery, improved texture, and overall skin revitalization, I understand that results can vary.

I understand that risks and side effects may include:

- Temporary redness or warmth in the treated area
- Mild irritation or stinging during application
- Allergic reaction (rare)
- Skin dryness or flaking
- Sensitivity to topical products for several days post-treatment
- Dissatisfaction with outcome or lack of visible improvement
- Unforeseen reactions or complications

I acknowledge the following has been discussed with me:

- The purpose and intended benefits of topical Ariessence
- Potential risks and side effects
- The importance of post-treatment care
- That results may vary depending on my skin condition, age, and adherence to aftercare 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:

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PATIENT SIGNATURE:

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DATE:

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