

POST-TREATMENT INSTRUCTIONS

Exosomes/Platelet Rich Plasma (PRP)

Please carefully read and follow these instructions after your Treatment

1. Do NOT touch, press, rub, or manipulate the treated area (s) for at least 8 hours after your treatment
2. Do not wash or take a shower for at least 8 hours after your treatment
3. Put on shower cap and let soak overnight
4. AVOID Aspirin, Motrin, Ibuprofen, Aleve (all non-steroidal and steroidal anti-inflammatory agents), Gingko Biloba, Garlic, Flax Oil, Cod Liver Oil, Vitamin A, Vitamin E, or any other essential fatty acids at least 3 Days after your treatment. Remember, we are creating inflammation
5. If you experience discomfort or pain, you may take Tylenol or other Acetaminophen products
6. You may apply ice if you wish to the injected area for 20-30 minutes after the procedure
7. Do not use any lotions, creams, or make-up for at least 6 hours after your treatment
8. AVOID vigorous exercise, sun, and heat exposure for at least 1 week after your treatment
9. AVOID: Alcohol, caffeine, and cigarettes for 3 days after your treatment
10. Smokers do not heal well, and problems recur earlier with results taking longer
11. Maintain a healthy diet and Drink at least 64 oz's water the day of the treatment and continue proper water intake the first week after
12. It is normal to experience: Bruising, Redness, Itching, Soreness, and Swelling that may last from 3-10 days following your procedure.
13. Results may take up to 3 months and repeat treatments will be necessary. Each treatment plan is personalized to the individual needs of the client
14. Please call our office should you have any questions or concerns regarding your treatment.

MEDICAL HISTORY

Name _____ DOB _____ Date _____

Address _____

City _____ State _____ Zip _____

Email _____ Cell Phone _____

Primary Physician's Name and Number _____

Please list all medications you are currently taking: _____

List Vitamin Supplements you are taking: _____

List any Allergies: _____

Past and Active MEDICAL CONDITIONS that you currently have or have had in past:

Please list any previous hospitalizations/surgeries: _____

WOMEN: Are you Pregnant, Trying to get Pregnant, or Lactating (Nursing)? _____

Have you had Plastic Surgery or other surgery to your face/neck areas & when?

Have you had any Dermal Filler procedures before? _____ If yes, what filler was used and were you satisfied with the results? _____

I understand the information on this form is essential to determine my medical and cosmetic needs and the provision of treatment. I understand that if any changes occur in my medical history/health I will report it to the office as soon as possible. I have read and understand the above medical history questionnaire. I acknowledge that all answers have been recorded truthfully and will not hold any staff member responsible for any errors or omissions that I have made in the completion of this form.

Patient Signature _____ Date _____

PLATELET RICH PLASMA (PRP)/ EXOSOME TREATMENT RECORD

Patient Name _____ DOB _____

Treatment Date _____ Treatment # _____

Exosome Number _____ Treatment # _____

Informed Consent Given _____ Post Tx Instruction Given _____

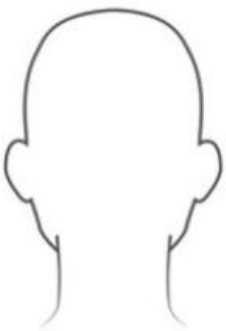
Venous Blood Drawn _____ ml PRP _____ ml PPP _____ ml

Topical Anesthetic Used _____

Area (s) treated _____

Centrifuge Spin Time _____

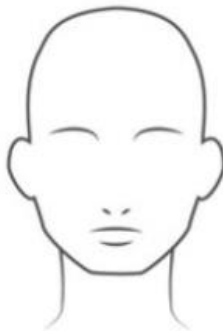
Comments _____



Back



Right



Front



Top



Left

EXOSOMES/PLATELET RICH PLASMA GEL (PRP) INFORMED CONSENT

Platelet Rich Plasma, or also known as "PRP" is an aesthetic, injection treatment whereby a person own blood is used. A fraction of blood (Up to 50cc) is drawn up from the individual patient into a syringe. The blood is spun down in a special centrifuge to separate its components: Red Blood Cells, Platelet Rich Plasma (PRP), and Plasma. PRP with or without Exosomes is injected in the scalp and then followed by MicroNeedling the areas of injection. MicroNeedling uses fine gauge needles to create micro channels on the treated area. Generally, a total of 3 treatments are needed for most efficacious results with follow up treatments every 6-12 months after the initial 3.

Exosomes are tiny micro-vesicles that contain proteins (growth factors), mRNA (blueprint for protein production), and micro-RNA (on-off switch for specific protein production). The exosomes utilized are a purified mesenchymal stem cell (MSC)-derived exosome product from a single, peri-natal donor that contains a multitude of growth factors that can enhance natural healing and promote hair/skin rejuvenation/regeneration.

CONTRAINDICATIONS: Patients with the following conditions are not candidates: 1) Acute and Chronic Infections 2) Skin diseases (i.e. SLE, porphyria, allergies) 3) Cancer 3) Chemotherapy 4) Severe metabolic and systemic disorders 5) Abnormal platelet function (*blood disorders, i.e. Haemodynamic Instability, Hypofibrinogenaemia, Critical Thrombocytopenia*) 6) *Chronic Liver Pathology* 7) Anti-coagulation therapy, 8) Underlying Sepsis and 9) Systemic use of corticosteroids within two weeks of the procedure.

RISKS & COMPLICATIONS: I have been informed that some of the Side Effects include: 1) Pain at the injection site 2) Bleeding, Bruising and/or Infection as with any type of injection 3) Short lasting pinkness/redness (flushing) of the skin 4) Allergic reaction to the solution 5) Injury to a nerve and/or muscle as with any type of injection 6) Itching at the injection site(s) 7) Nausea /vomiting 8) Dizziness or fainting 9) Temporary blood sugar increase 10) Swelling 11) Minimal effect from the treatment.

RESULTS: Results are generally visible at 6 weeks to 3 months and repeat treatments will be needed.

PHOTOGRAPHS: I authorize the taking of clinical photographs. I understand my identity will be protected.

CONSENT: My consent and authorization for this elective procedure is strictly voluntary. By signing this informed consent form, I hereby grant authority to the physician/practitioner to perform **Exosomes and/or Platelet Rich Plasma "aka" PRP injections** to area (s) discussed during our consultation, for the purpose aesthetic enhancement and/or skin rejuvenation. I have read this informed consent and certify I understand its contents in full. I also understand this procedure is "elective" and not covered by insurance and that payment is my responsibility. Any expenses which may be incurred for medical care I elect to receive outside of this office, such as, but not limited to dissatisfaction of my treatment outcome will be my sole financial responsibility. Payment in full for all treatments is required at the time of service and is non-refundable. I hereby give my voluntary consent to this **Exosome and/or PRP** procedure and release Young Again Aesthetic medical staff, and specific technicians from liability associated with the procedure. I certify that I am a competent adult of at least 18 years of age and am not under the influence of alcohol or drugs.

Patient Name (print) Patient Signature Date

Physician Signature (print) Physician Signature Date