

Exosomes – Facial Rejuvenation Treatment

Informed Consent Form

Name.....Date of Birth (D.O.B.):Date.....

I (print name)hereby request and authorize Dr.....

The purpose of this consent form is to inform you about the BENEV Exo-Xom Facial -Facial Rejuvenation Treatment powered by BENEV Exosome Regenerative Complex [ERC] or BENEV Exosome Regenerative Complex [ERC +] and any potential side effects or risks associated with the product. It is important that you read the below information carefully and completely.

BENEV Exosome Regenerative Complex powered by Exo-SCRT™ and BENEV Exosome Regenerative Complex + powered by Exo-SCRT™ are post care “topical use” cosmetic solutions. The isolated and purified exosomes in both products have been accepted by the PCPC, and International Cosmetic Ingredient Nomenclature Committee (INC), and the name ‘Human Adipose Stromal Cell Exosomes’ was given and published in the International Cosmetic Ingredient Dictionary and Handbook, known as INCI book. There are at this time no other cosmetic INCI name(s) assigned to exosome products in the market prior to this accomplishment. These products are not drug products. They are not intended to prevent, treat or cure diseases or medical conditions. They are not intended to be injected or delivered intravenously.

OVERVIEW

Exosome Regenerative Complex [ERC]

BENEV’s clinically proven paraben free and hypoallergenic intensive dual action complex is designed to absorb quickly into the skin delivering the concentrated power of over 2.5 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

Facial rejuvenation treatments utilizing ERC or ERC+ 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.

RISKS AND POSSIBLE COMPLICATIONS

All facial rejuvenation treatments carried out with ERC or ERC+ 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 being used prior to the application of ERC or ERC+. 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 ERC or ERC+ 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

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.

CONTRA-INDICATIONS

I confirm that I am over the age of eighteen (18) years of age and I do not have any of the following conditions;

- Active Herpes Blisters
- Active Skin infections
- Active cancer
- Recently completed a course of radiotherapy, chemotherapy or any other therapy for cancer treatment. It is recommended to be in remission from cancer for a period of 5 years.

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).

DISCLAIMER

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 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)..... Doctor.....

Patient Signature/Date.....

Signed/Date.....