

Platelet Rich Plasma (PRP) Treatment consent

The purpose of this informed consent form is to provide written information regarding the risks, benefits and alternatives of the procedure named above. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your healthcare professional prior to signing the consent form.

I read and write in English. **Initial** _____

The Treatment

Platelet Rich Plasma, also known as "PRP" is an injection treatment whereby a person's own blood is used. A fraction of blood (20-25cc) is drawn up from the individual patient into a sterile syringe. The blood is spun in a special centrifuge to separate its components (Red Blood Cells, Platelet Rich Plasma, Platelet Poor Plasma and Buffy Coat). The Platelet Rich Plasma and Buffy Coat is first separated and combined. Platelets are very small cells in your blood that are involved in the clotting and healing process. When PRP is injected into the damaged area it causes a mild inflammation that triggers the healing cascade. As the platelets organize in the treatment area they release a number of enzymes to promote healing and tissue responses including attracting stem cells and growth factors to repair the damaged area. As a result new collagen begins to develop. As the collagen matures it begins to shrink causing the tightening and strengthening of the damaged area. When treating injured or sun and time damaged tissue, they can induce a remodeling of the tissue to a healthier and younger state. Plasma have also been shown anecdotally to promote hair growth. The full procedure takes approximately 45 minutes to an hour. Generally 2-3 treatments are advised, however, more may be necessary for some individuals. Touch up treatments may be done once a year after the initial group of treatments to boost and maintain the results. **Initial** _____

PRP Safety

PRP'S safety has been established for over 20 years for its wound healing properties and it's proven effectiveness has extended across multiple medical specialties including cardiovascular surgery, orthopedics, sports medicine, podiatry, ENT, neurosurgery, dental and maxillofacial surgery (dental implants and sinus elevations), urology, dermatology (chronic wound healing), and ophthalmology, cosmetic surgery. PRP's emergence into aesthetics and skin rejuvenation began in 2004 in Europe, Asia, Australia, and South America. Areas typically treated for aesthetic purposes and skin rejuvenation include: crinkling skin around the eyes, cheeks and mid face, neck, jaw-line, chest and décolletage, back of hands and arms, lips, and to stimulate hair growth on scalp. Almost all skin tones show that PRP is safe and effective because your own enriched plasma is used.

Side Effects

It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to: minor discomfort (pin prick sensation) from blood draw, dizziness and feeling faint (rare), a temporary headache, redness in the scalp and/or face for 2-4 days, swelling in the forehead and around the eyes, reaction to local freezing medications, hair loss (temporary) in the existing hair (this is often termed 'shock loss'), infection (very rare), itching at the injection sites, minor bleeding and bruising and discoloration at the sites of injections, injury to nerve during blood draw (very rare). I have read and understand all of the possible side effects and complications list. **Initial** _____

Photographs

I authorize the taking of clinical photographs/videos and their use for scientific and marketing purposes both in publications and presentations and for recordkeeping. **Initial** _____

Pregnancy, Allergies & Autoimmune diseases

I am not aware that I am pregnant, not lactating (nursing), or have any severe allergies including lidocaine. I do not have any significant autoimmune diseases such as current infections, lupus or porphyria, severe metabolic or systemic disorders, liver disease, abnormal platelet function (blood disorders), or taking immunosupresant, anticoagulation or corticosteriods medications. **Initial** _____

Payment

I understand that this is an "elective" procedure and that payment is my responsibility and is expected at the time of treatment with no fee reimbursement regardless of procedure results. I understand the fee paid is for the procedure and not for an expected result. **Initial** _____

Alternative Procedures

Alternatives to the procedures have been fully explained to me. **Initial** _____

Results

Results are generally visible at 4 weeks and continue to improve gradually over ensuing months (3-6) with improvement in texture and tone. Advanced wrinkling cannot be reversed and only a minimal improvement is predictable in persons with drug, alcohol, and tobacco usage. Severe scarring may not respond. Of course all individuals are different so there will be variations from one person to the next. I understand that PRP can be used to treat hair loss. I fully understand the results that I may reasonably expect. I understand that not all patients get improvement. **Initial** _____

My consent and authorization for this elective procedure is strictly voluntary. By signing this informed consent form, I hereby grant authority to practitioner to perform Platelet Rich Plasma (PRP) injections to area(s) discussed during our consultation. I have read this informed consent and certify I understand its contents in full. The procedure has been explained to me. I release the clinic, its medical staff, and specific technicians from liability associated with the procedure.

My questions have been answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also understand that any treatment performed is between me and the healthcare provider who is treating me and I will direct all post-operative questions or concerns to the treating clinician.

I also certify that if I have any changes in my medical history, I will notify the healthcare professional who treated me immediately.

Patient Name (Print)

Patient Signature

Date

I discussed the above risks, benefits and alternative treatments, including no treatment, with the patient. The patient had an opportunity to have all questions answers and has voiced concerns, if any. Post-treatment instructions will be given and explained to patient. The patient has been told to contact my office should they have any questions or concerns after this treatment procedure.

Sonya Feskin

Injector Name (Print)

Injector Signature

Date