



Regenerate naturally. Feel good. Live healthy.

PLATELET RICH PLASMA (PRP) Informed Consent

Platelet Rich Plasma, also known as "PRP" is an injection treatment whereby a person's own blood is used. A fraction of blood (20cc) is drawn up from the individual patient into a syringe. This is a relatively small amount compared to blood donation. The blood is spun in a 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 then activated with a small amount of calcium chloride which acts as an activation agent and scaffold to keep the PRP where the injector intends to treat. Platelets are very small cells in your blood that are involved in the clotting and the healing process. When PRP is injected into the damaged area it causes mild inflammation that triggers the healing cascade. As the platelets organize in the clot 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. 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.

PRP'S SAFETY has been established for over 20 years for its wound healing properties and its 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, in countries such as The United Kingdom, Japan, Spain, Portugal, Switzerland and Argentina. 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.

BENEFITS of PRP: Along with the benefit of using your own tissue therefore eliminating allergies, there is the added intrigue of mobilizing your own stem cells for your benefit. PRP has been shown to have overall rejuvenating effects on the skin including: improving texture, thickness, fine lines and wrinkles, increasing volume via the increased production of collagen and Elastin and by diminishing and improving the appearance of scars. The most dramatic results to date have been the crepe skin problems in areas such as under the eyes, neck, and décolletage. It is not designed to replace cosmetic surgery as there are some cases where those procedures would be more appropriate. Other benefits include: minimal down time, safe with minimal risk, short recovery time, natural looking results; no general anesthesia is required.

CONTRAINDICATIONS: PRP used for aesthetic procedures is safe for most individuals between the ages of 18-80. There are very few contraindications, however patients with the following conditions are not candidates: 1) Acute and Chronic Infections 2) Skin diseases (i.e. SLE, porphyria, allergies) 3) Cancer 4) Chemotherapy treatments 5) Severe metabolic and systemic disorders 6) Abnormal platelet function (*blood disorders, i.e. Haemodynamic Instability, Hypofibrinogenemia, Critical Thrombocytopenia*) 7) Chronic Liver Pathology 8) Anti-coagulation therapy, 9) Underlying Sepsis 10) Systemic use of corticosteroids within four weeks of the procedure.

RISKS & COMPLICATIONS: Some of the Potential Side Effects of Platelet Rich Plasma 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.

ECM: Some patients have chosen to add an "Extra Cellular Matrix" to the PRP to supercharge its Growth Factors. Some discussed with me are Acell which is Porcine Bladder and/or Human Amnion Tissue. I understand these products are FDA cleared for wound healing and have been shown to be extremely benign and highly efficacious.

ALTERNATIVES to PRP: Alternatives to PRP are: 1) Do Nothing; 2) Surgical intervention may be a possibility; 3) Injections with neurotoxins; 4) Injections of dermal fillers; 5) Laser & light based treatments like Pulsed Light; 6) chemical peels.

RESULTS: Results are generally visible at 3 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. Current data shows results may last 18-24 months. Of course all individuals are different so there will be variations from one person to the next.

PHOTOGRAPHS: I authorize the taking of clinical photographs and their use for scientific and educational publications and presentations. 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 Platelet Rich Plasma "aka" PRP injections to area(s) discussed during our consultation for the purpose discussed. I have read this informed consent and certify I understand its contents in full. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I agree to adhere to all safety precautions and instructions after the treatment. I have been instructed in and understand post treatment instructions and have been given a written copy of them. I understand that medicine is not an exact science and acknowledge that no guarantee has been given or implied by anyone as to the results that may be obtained by this treatment. 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 PRP procedure and release the doctor's office, its 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. This consent form shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns. I agree that if I should have any questions or concerns regarding my treatment / results I will notify this office and/or provider immediately so that timely follow-up and intervention can be provided.

Patient Name (print)	Patient Signature	Date
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Witness Name (print)	Witness Signature	Date
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Physician Signature (print)	Physician Signature	Date
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PRP TREATMENT RECORD

	Treatment Date:	Informed Consent Given:		
	PRP Kit Lot#:	Exp. Date:		
	Calcium Chloride 10% :	(ml)	Lot#:	Expires:
	ACD-A:	(ml)	Lot#:	Expires:
	Lidocaine:	(ml)	Lot#:	Expires:

Area(s) Treated:				
Notes:				

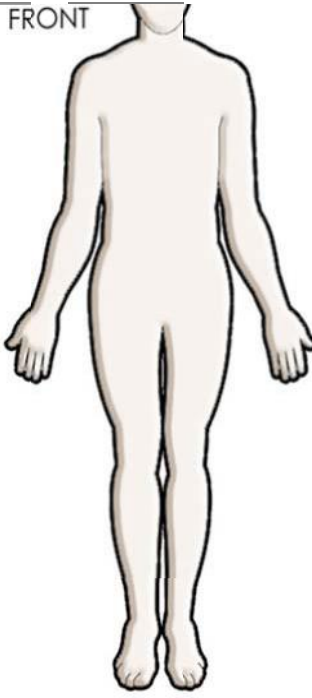
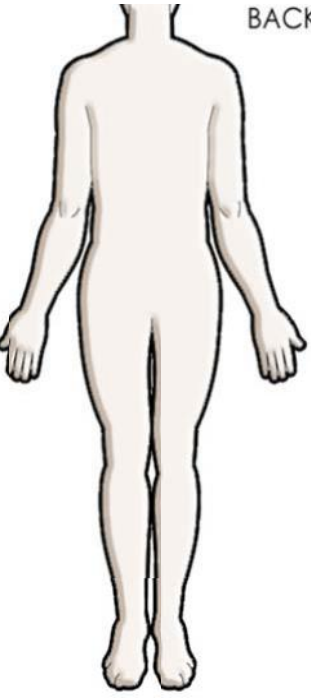
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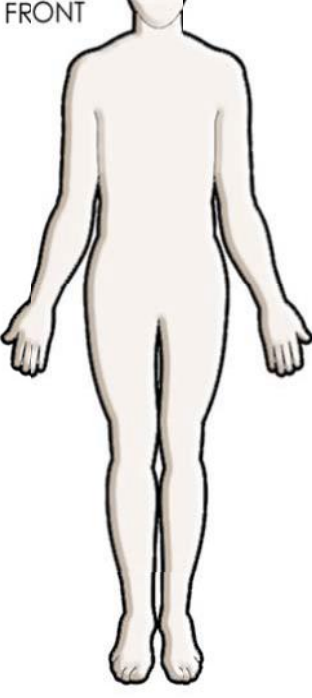
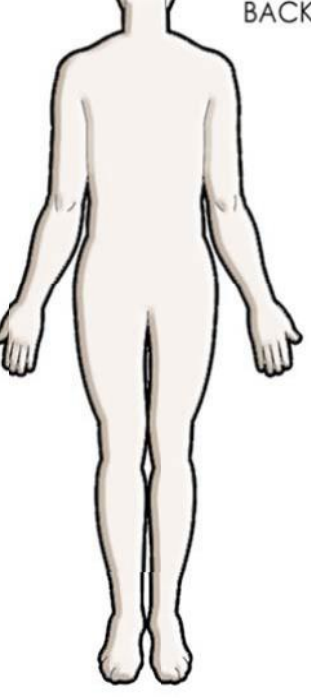
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					Expires: _____
				Area(s) Treated: _____	
				Notes: _____	

FRONT		BACK		Treatment Date: _____	Informed Consent Given: _____
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					Expires: _____
				Lidocaine: _____ (ml)	Lot#: _____
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				Notes: _____	

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Patient Name:

Chart #/Ident.:



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PRE-TREATMENT INSTRUCTIONS For Platelet Rich Plasma (PRP)

A few simple guidelines before your treatment can make a difference

If you develop a fever, cold / flu, or develop a cold sore, blemish, or rash, etc. in the area to be treated prior to your appointment, you must reschedule (*we will not treat you*).

It is recommended, if you have a special event or vacation coming up that you schedule your treatment at least 2 weeks in advance (preferably 3-4 weeks).

If you are being treated in the lip area and have a history of Herpes (cold sores) with outbreaks more than 4 times a year some practitioners recommended that you are pretreated with medication. This office recommends Valtrex 2GM the day before or the morning of the treatment and then another 2GM's 12 hours after the first dose.

Please let us know that you need a prescription if you do not have this medication on hand.

Discontinue use of anti-inflammatory drugs (steroidal and non-steroidal) such as: Aspirin, Motrin (or any other Ibuprofen drugs) at least 3 days to 1 week before your treatment. With PRP, we "want" inflammation this is one of the mechanisms of how PRP does its work.

If you are or have been on Systemic use of Corticosteroids (steroids) within 6 weeks of treatment, we cannot treat you. Consult your physician for approval to discontinue use of steroids and receive treatment.

Discontinue use of any other blood thinning agents such as: Vitamin E, Vitamin A, Gingko Biloba, Garlic, Flax Oil, Cod Liver Oil, Essential Fatty Acids (EFA's and DHA's) etc. at least 3 days to 1 week before and after treatment to minimize bruising and bleeding.

It is recommended that you avoid: Alcohol, caffeine, Niacin supplement, spicy foods, and cigarettes 3 days before and after your treatment. (*All of these may increase risk of bruising*)

Patient Name (print)

Patient Signature

Date

Witness Name (print)

Witness Signature

Date

POST-TREATMENT INSTRUCTIONS Platelet Rich Plasma (PRP)

Please carefully read and follow these Instructions after your PRP treatment. There are minimal restrictions after your PRP injections allowing you to return to your daily activities almost immediately

Do NOT touch, press, rub, or manipulate the treated area(s) for at least 8 hours after your treatment

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 -1week prior to and after your treatment. Remember, we are creating inflammation.

If you experience discomfort or pain you may take Tylenol or other Acetaminophen products

You may apply ice if you wish to the injected area for 20-30 minutes after the procedure but we would prefer if you can refrain from this.

For aesthetic or hair treatments do not wash or take a shower for at least 4 hours after your treatment

For Orthopedic treatments maintain 40% activity levels for 4 weeks, 50% at 5 weeks and full at 6 weeks

Do not use any lotions, creams, or make-up for at least 4 hours after your treatment

AVOID vigorous exercise, sun and heat exposure for at least 3 days after your treatment

AVOID: Alcohol, caffeine, and cigarettes for 3 days before and after your treatment

Smokers do not heal well and problems recur earlier and results may take longer.

Maintain a healthy diet and Drink at least 64 oz.'s of water the day of the treatment. (*Fiji water is recommended due to its high content of Silica*) Continue water intake the first week after.

It is normal to experience: Bruising, Redness, Itching, Soreness, and Swelling that may last from 3-10 days following your procedure.

Please call our office should you have any questions or concerns regarding your PRP treatment or aftercare.

I certify that I have been counseled in post treatment instructions and have been given a written copy of these Instructions.

Patient Name (print)

Patient Signature

Date

Witness Name (print)

Witness Signature

Date