



# PRP

## Consents

### PLATELET RICH PLASMA (PRP) INFORMED CONSENTS FORM:

Platelet Rich Plasma (PRP) is an injection treatment using the patient's own blood, which is drawn, spun to separate the plasma and then injected into or applied onto the area of treatment. Results are generally visible at four weeks and continue to improve gradually over ensuing treatments.

#### **Possible side-effects**

Potential side effects of PRP may include:

- Pain at the injection site;
- Bleeding, bruising and/or infection, as with any type of injection;
- Short-lasting pinkness/redness (flushing) of the skin;
- Allergic reaction to the solution;
- Injury to a nerve and/or muscle, as with any other injection; and
- Itching at the injection site.

#### **Contraindications**

There are a few contraindications for this treatment, and patients with certain conditions may not be good candidates. Inform your provider if you have had any of following conditions:

- Acute and chronic infections;
- Skin diseases;
- Cancer, as well as chemotherapy treatments;
- Severe metabolic and systemic disorders;
- Abnormal platelet function;
- Chronic liver pathology;
- Anti-coagulation therapy;
- Underlying sepsis; and
- Systemic use of corticosteroids within two weeks of the procedure.

I acknowledge that while good results are expected, I may be disappointed with the results of the procedure. I understand there is no guarantee of results of any treatment. Even though appropriate measures are taken to reduce side effects, they cannot be completely eliminated in every case. I understand that the treatment may involve risks of complication or injury from both known and unknown causes. I agree to follow the pre- and post-treatment instructions carefully. I understand that compliance with the recommended pre- and post-procedure guidelines is crucial for healing and reducing the risk of complications.

I am aware that follow-up treatments may be necessary for desired results. Clinical results will vary per patient. There may be other treatment options that achieve similar effects, and I have discussed these. With this in mind, I am choosing this non-invasive treatment using platelet rich plasma. The nature, risks and purpose of the treatment have been explained to me, and all my questions have been answered to my satisfaction. I, therefore, consent to this treatment.

Printed Name:\_\_\_\_\_

Signature:\_\_\_\_\_ Date:\_\_\_\_\_