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Informed Consent for drawing blood and the use of Platelet Rich Plasma (PRP) Treatment for Aesthetic Application, Injection and Skin Rejuvenation

This treatment involves the collection of your blood, then your blood is spun down using a centrifuge to separate out the plasma and platelet portion using a separator gel as a special filter. The PRP portion of your blood is then applied topically and/or injected back into your skin. The product applied or injected is 100% your own blood by-product (autologous). When PRP is applied or injected into the skin or damaged area it causes a mild inflammation that triggers the healing cascade. Platelets release a number of enzymes to promote healing and tissue responses including attracting stem cells to repair the damaged area. As a result, new collagen begins to develop. As the collagen matures it begins to shrink, causing tightening and remodeling of the tissue to a healthier and younger state.

Results are generally visible at 3 weeks and continue to improve gradually over the next 3-6 months with improvement in texture and tone. The full procedure takes approximately 45 minutes - 1 hr. Generally 2-3 treatments are advised, however, more may be indicated for some individuals. Touch up treatment may be done once a year after the initial group of treatments to boost and maintain the results.

To process PRP, a fraction of blood (11cc -22cc) will be drawn from a vein using an aseptic technique. This is termed phlebotomy and is accomplished with a small sterile needle, which is inserted into a vein through the skin. This is generally a safe technique, but complication may arise from this portion of the procedure. These complications are rare, but may include bleeding under the skin, infection, nerve injury, and others. Your blood will be placed in a centrifuge to concentrate the platelets, assist them in releasing their growth factors and be applied and/or injected back into your skin.

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. Hemodynamic Instability, Hypofibrinogenaemia, Critical Thrombocytopenia) 6) Chronic Liver Pathology 7) Anti-coagulation therapy, 8) Underlying Sepsis, 9) Systemic use of corticosteroids within two weeks of the procedure, and 10) pregnant or breastfeeding. If you are unsure about any of the above mentioned conditions, please ask.

Risk / Complications:

I have been informed that some of the Side Effects of Platelet Rich Plasma include: 1) Pain or itching at the injection site 2) Bleeding, Bruising, Swelling and/or Infection 3) Short lasting pinkness/redness (flushing) of the skin 4) Allergic reaction to the solution 5) Injury to a nerve and/or muscle 6) Nausea/Vomiting 7) Dizziness or fainting 8) Temporary blood sugar increase.

Photographs:

I authorize the taking of clinical photographs for historical, training, and/or promotional purposes. I understand confidentiality will be maintained.

Client 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 (PRP) topical application and/or injection to area (s) discussed during our consultation, for the purpose aesthetic enhancement and skin rejuvenation. 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 certify that I have read and understand this document. I hereby give my voluntary consent to this PRP procedure. If I should I have any questions or concerns regarding my treatment / results I will notify this office at (813) 367-1915 immediately so that timely follow-up and intervention can be provided.

Patient name: _____

Patient or legal guardian signature: _____

Date: _____

Witness: _____