



Aesthetic PRP Information & Consent

Description of Treatment-

This treatment involves the collection of your blood (approximately 8-16ml), then your blood is spun down using a centrifuge that separates out plasma and platelet portions. The PRP portion of your blood is now at the point of care to re-energize your cells into rejuvenating themselves. The product is 100% your own blood by-product (autologous).

Consent-

Previous surgical & non-surgical facial placement notes: _____

Cosmetic procedures: _____

Contraindications- You should not have PRP treatments done if you have any of the following conditions: Skin conditions & Diseases including: Facial cancer, existing or uncured. This includes SCC, BCC & melanoma, systemic cancer, chemotherapy, steroid therapy, dermatological diseases affecting the face (i.e. Porphyria), blood disorders & platelet abnormalities, Anticoagulation therapy (i.e. Warfarin).

Comments: _____

If you are unsure about any of the above-mentioned conditions, please ask!

Have you ever been told that you suffer from, or suspect you suffer from Platelet dysfunction Syndrome, critical thrombocytopenia, hypofibrinogenaemia, haemodynamic instability, sepsis, chronic liver disease, Hepatitis, or any acute or chronic infections? **Yes/No**

If yes, please explain-

Are you currently taking any of the following medications? Aspirin, Anti-Inflammatory meds (Nurofen, Voltaren, Diclofenac, Naproxen, St John Wort, Garlic, Vitamin E **Yes/No**

If yes, please explain-

Are you currently taking, or recently taken (within 14 days) Vitamin E, Fish Oil, Biotin supplements that could have a thinning effect on your blood? **Yes/ No**

If yes, please list: _____

Side Effects- You will likely experience mild to moderate swelling of the treated area, that may last 12-24 hours. Ice, cold compresses can be applied to reduce swelling if required. You may notice a tingling sensation while the cells are being activated. In rare cases, skin infections may occur, which is easily treated with an anti-biotic. _____ **Initial**

Client Consent-I understand that due to the natural variation in quality of Platelet Rich Plasma, results may vary between individuals. I understand that although I may see a change after my first treatment, I may require a series of up to 6 sessions to obtain my desired outcome. _____ **Initial**

The procedure and side effects have been explained to me, including alternative methods, as have the advantages and disadvantages. _____ **Initial**

I am aware that PRP Treatments are not permanent, as natural degradation will occur over time. _____ **Initial**

I authorize _____ to perform the injection of PRP (Platelet Rich Plasma) for rejuvenation and/or topical application. **(circle your preference(s))**

I have read, or it has been read to me, and I understand this consent, and the information contained in it. _____ **Initial**

I have had the opportunity to ask any questions about the treatment including risks, or alternatives, and acknowledge that all of my questions about the procedure have been answered in a satisfactory manner, and that all blanks were filled in prior to my signature. This consent form is valid until all or part is revoked by me in writing. When completing my medical questionnaire, I have answered the personal medical questions fully, and to the best of my ability. _____ **Initial**

Printed Name _____

Signature _____ **Date** _____

Notes _____

