PATIENT INFORMATION & CONSENT
PLATELET-RICH PLASMA THERAPY

*Please read and **initial (do not check)** each statement.*

I have read the ***Platelet-Rich Plasma Therapy Information and Treatment Instructions*** and have had an opportunity to ask questions about the treatment. _____

I authorize the clinical staff to do PRP treatments on me. _____

I understand:

- ☐ there is an increased risk of side effects if I do not follow pre- and post-care instructions. **The most common side effects are discomfort, pinpoint bleeding and minor bruising.** There may be risks not yet known at this time. _____
- ☐ most issues require multiple PRP sessions approximately one month apart. Results may wear off if not maintained. **Results vary between individuals. Some people exceed our expectations and some people respond below expectations. Although good results are expected, with the focus on improvement and not perfection, every person is unique and it is impossible to guarantee results.** _____
- ☐ a treatment series is a minimum of three treatments one month to six weeks apart. Maintenance treatment is recommended every 9 to 12 months. _____
- ☐ the risk of side effects or decreased/lack of response to treatment may increase with certain medical conditions such as immunocompromised conditions (HIV, lupus, RA, colitis, being on immune suppressants such as prednisone), under-controlled medical conditions (eg diabetes), smoking, blood disorders and with the use of certain medications that increase the risk of bleeding (aspirin, coumadin, Plavix, vitamin E, various herbal products, ibuprofen and other non-steroidal anti-inflammatories) or a history of anaphylaxis. PRP treatments are contraindicated for pregnant or breastfeeding women. None of these conditions apply to me or if they do I am aware of the increased risk. _____
- ☐ I am aware that there may be other options for treatment including not having the procedure. These are listed in the information sheet. _____

I authorize the taking of clinical photographs for my clinical record. _____

I have read and understand this ***Platelet-Rich Plasma Treatment Consent Form***. My questions have been answered satisfactorily. I accept the risks and complications of the procedure.

Patient name (please print)	Date	Signature
Witness name (please print)	Date	Signature