**Off label Drug Use Consent Form**

When a drug or device is approved for medical use by the Food and Drug Administration (FDA),

the manufacturer produces a “label” to explain its use. Once a device/medication is approved by the FDA, physicians may use it “off-label” for other purposes if they are well-informed about the product,

base its use on firm scientific method and sound medical evidence, and maintain records of its use and effects.

**PRF injections: into the face, joints, skin, dermis, genitals**

**Alternatives: Fillers, steroids, or do nothing at all.**

**Infection, scaring, possible sepsis or death can be caused from this procedure.**

I understand that **PRF** was not approved by the FDA for **the state of Utah**. Nevertheless, I wish to have **PRF,** performed on the area outlined in the provider documentation.

 and I am willing to accept the potential risks that my physician has discussed with me. I acknowledge that there may be other, unknown risks and that the long-term effects and risks of **PRF** are not known.

I do not hold Brandy Marie Family & Aesthetic Care and or Brandy Marie Tafoya, APRN-C, responsible for any and all complications experienced with this procedure I am electing to receive with informed consent.

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Provider Signature: