



126 E Lincoln Hwy
Schererville, IN 46375
www.therejuvenationhouse.com

PRP (Platelet Rich Plasma) Consent Form

BACKGROUND: Platelet Rich Plasma, also known as “PRP” is an injection treatment whereby a person’s own blood is used. A small fraction (small test tube) of blood is drawn up from an individual patient into a syringe. This blood is then spun in a centrifuge to separate its components (red blood cells, platelet rich plasma, platelet poor plasma and buffy coat). Platelet are very small cells in your blood that are involved in the clotting and the healing process. When PRP is injected into the damaged area it causes mild inflammation that triggers the healing cascade. As the platelets organize in the clot, they release a number of enzymes to promote healing and tissue responses, including attracting stem cells and growth factors to repair the damaged area. As a result, new collagen begins to develop and mature. The maturation process involves the collagen shrinking and tightening which strengthens the damaged area. This is essentially “tissue remodeling” of damaged tissue to a previous younger and healthier state. The procedure takes about 45 minutes to 1 hour to complete. The frequency of treatment depends on specific recommendations after a complete consultation with a medical provider. Areas usually treated for aesthetic purposes and skin rejuvenation include: crinkling around the eyes, cheeks and mid-face, neck, jaw-line, chest and cleavage, back of hands and arms, lips and to stimulate hair growth on scalp.

BENEFITS: A major benefit of using PRP is that you are using your own tissue therefore virtually eliminating an allergic reaction. PRP has been shown to have overall rejuvenating effects on the skin including: improving skin thickness and texture; fine lines and wrinkles; increasing volume via the increased production of collagen and elastin; decreases and improves the appearance of scar. Other benefits include: short recovery time, relatively safe with minimal risk, natural-looking results and no general anesthesia required. PRP is not designed to replace cosmetic surgery and there are some cases when PRP is not appropriate.

CONTRAINDICATIONS: PRP used for aesthetic procedures for most individuals between the ages of 18-80. As with all medical procedures there are contraindications to PRP and these individuals with the following conditions are NOT candidates:

- 1) Active scalp disorders: Inflammatory conditions (example discoid lupus, severe psoriasis, etc.); injury, infection, skin cancer, trichotillomania
- 2) Systemic infection (sepsis)
- 3) Liver disease
- 4) Anticoagulation therapy (Coumadin, Xarelto, Apixiban, etc.)
- 5) Pregnancy or breastfeeding
- 6) Cancer or chemotherapy
- 7) Keloid development
- 8) Blood disorders (severe anemia (hemoglobin < 10), severe thrombocytopenia (platelet count < 105), coagulation disorders (Hemophilia, Factor V Leiden deficiency, etc), platelet dysfunction
- 9) Untreated thyroid disorders



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- 10) Deficiencies (Iron and Vitamin D)
- 11) Polycystic ovarian syndrome
- 12) Body dysmorphic disorder
- 13) Systemic use of corticosteroids within 4 weeks of procedure

RISK AND COMPLICATIONS: Some of the potential side effects of PRP include: 1) Pain at the injection site; 2) Bleeding, Bruising and/or Infection as with any type of injection; 3) Temporary flushing (redness) of the skin; 4) Allergic reaction to the solution; 5) Injury to a nerve and/or muscle as with any type of injection; 6) Itching at the injection sites (s); 7) Nausea and vomiting; 8) Dizziness or fainting; 9) Temporary increase in blood sugar; 10) Swelling; 11) Minimal or no response from the treatment.

ALTERNATIVES TO PRP: 1) Do nothing; 2) Surgical intervention; 3) Injections with neurotoxins; 4) Injections of dermal fillers; 5) Laser or light based treatments (ex. Intense Pulse Light); 6) Chemical peels

RESULTS: Results are generally visible at 3 weeks and continue to improve gradually over ensuing months (3 to 6) with improvement in texture and tone. Advanced wrinkling cannot be reversed and only a minimal improvement is predictable in persons with active drug, alcohol and tobacco use. Severe scarring may not respond to treatment. Current data shows results may last 18-24 months. Related to treatment for hair loss, there may be minimal or no response to PRP treatment. All individuals are different, so there will be variations from one person to the next.

PHOTOGRAPHS: I authorize the taking of clinical photographs before, during and after treatment. I understand their use will be for advertisement, scientific and educational publications. I understand my identity will be protected. I understand these pictures will be the property of The Rejuvenation House Medi-Spa, LLC. Please initial to accept or decline this authorization: Accept _____
Decline _____

CONSENT: My consent and authorization for this elective procedure is strictly voluntary. By signing this informed consent form, I hereby grant authority to the undersigned medical provider to perform Platelet Rich Plasma (PRP) injections to area(s) discussed during our consultation for the purpose discussed. I have read this informed consent and certify I understand its contents in full. All of my questions have been answered to my complete 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 understand medicine is not an exact science and acknowledge that no guarantee has been given or implied by anyone as to the results that may be obtained by this treatment. I understand that due to the natural variation in the quality of Platelet Rich Plasma (PRP), results will vary between individuals. I understand that although I may see a change after my first treatment, I may require a series of multiple sessions to obtain my desired outcome. I understand PRP is not FDA approved. I am aware that PRP treatment is not permanent.



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I understand that other physicians might recommend a different procedure and I understand that I am free to seek the advice of any medical provider that I might choose. Prior to signing this document, I have taken the time to consider whether or not I wish to ask any further questions of the medical provider at the Rejuvenation House Medi-Spa, LLC, whether I desire to obtain a second opinion from another medical provider, and I understand that by signing this document I voluntarily and of my choices select to undergo the operations and/or procedure listed above.

I also understand this procedure is “elective” and not covered by insurance and that payment is my responsibility. Any expenses which maybe incurred for medical care I elect to receive outside of this office such as but not limited to dissatisfaction of my treatment outcome, will be my sole financial responsibility. Payment in full for all treatments is required at the time of service and is non-refundable. I hereby give my voluntary consent to this PRP procedure and release the The Rejuvenation House Medi-Spa LLC, its medical staff and specific technicians from liability associated with the procedure. I certify that I am a competent adult at least 18 years of age and am not under the influence of alcohol or drugs. This consent form shall be binding upon my spouse, relatives, legal representatives , heirs, administrators and assigns. I agree that if I should have any questions or concerns regarding my treatment that I will notify The Rejuvenation House Medi-Spa LLC and/or provider immediately so that timely follow-up and intervention can be provided.

Patient Name (print)_____

Date_____

Patient

Signature_____

Provider Signature_____

Date_____