



Patient Name: _____ Date: _____

Scheduled Procedure: _____

Informed Consent for PRP Procedures

Platelet Rich Plasma, also known as PRP, is derived from the patient's own blood in the following manner: A fraction of blood (60cc) is drawn from the individual patient into a syringe. This is a relatively small amount compared to blood donation. The blood is spun in a special centrifuge to separate its components (Red Blood Cells, Platelet Rich Plasma, Platelet Poor Plasma and White Blood Cells).

The Platelet Rich Plasma containing monocytes and various plasma proteins are collected into a syringe. A sterile Calcium Chloride 10% and sterile Bicarbonate 8.4% solution is added in 5% volume to the syringe containing PRP. Calcium Chloride and Bicarbonate both work to activate the platelets, thus leading to liberation of growth factors and healing elements. The activated platelets are then injected with in the next few minutes as a medical intervention. As the platelets organize in the clot, they release several enzymes to promote healing and tissue responses including attracting stem cells and growth factors to repair damaged tissue and cause regeneration and rejuvenation.

The full procedure may take between 15-45 minutes. Often 2-3 treatments are advised, however, may be necessary for some individuals. It is often recommended that treatments be done once a year after the initial group of treatments to continue regeneration and maintain or enhance the results. The use of PRP for anything other than mixing with bone marrow is considered "off label" and EXPERIMENTAL.

PRP'S SAFETY has been established for over 20 years for its wound healing properties and its theoretical effectiveness has extended across multiple medical specialties including cardiovascular surgery, orthopedics, sports medicine, podiatry, ENT, neurosurgery, dental and maxillofacial surgery (dental implants and sinus elevations), urology, dermatology (chronic wound healing), and ophthalmology, cosmetic surgery.

BENEFITS of PRP: PRP is autologous (using your own blood) therefore eliminating allergy potential. PRP has been shown to have tissue regenerating effects. Other benefits include: minimal down time, safe with minimal risk, short recovery time, and no general anesthesia is required.

CONTRAINDICATIONS: PRP use is safe for most individuals between the ages of 18- 80. There are very few contraindications, however, patients with the following conditions are not candidates:

- | | |
|--|--|
| 1. Acute and Chronic Infections | 7. Chronic Liver Disease |
| 2. Skin diseases (i.e. SLE, porphyria, allergies) | 8. Anti-coagulation therapy (Coumadin, Warfarin, Plavix, Aspirin, Lovenox) |
| 3. Cancer | 9. Underlying Sepsis |
| 4. Chemotherapy treatments | 10. Systemic use of corticosteroids within two weeks of the procedure |
| 5. Severe metabolic and systemic disorders | |
| 6. Abnormal platelet function (blood disorders, i.e. Hemodynamic Instability, Hypofibrinogenemia, Critical Thrombocytopenia) | |

RISKS & COMPLICATIONS: Some of the Potential Side Effects of Platelet Rich Plasma include:

1. Pain at the injection site
2. Bleeding, Bruising and/or Infection as with any type of injection
3. Short lasting pinkness/redness (flushing) of the skin



4. Allergic reaction to the solution, an/or topical anesthetic
5. Injury to a nerve and/or muscle as with any type of injection
6. Itching and swelling at the injection site(s)
7. Minimal or no effect from the treatment

ALTERNATIVES to PRP: Alternatives to PRP elective procedures are:

1. Do Nothing
2. Surgical intervention may be a possibility
3. Administration of approved medications
4. Physical Therapy
5. Laser or other ablative technology

Additional Procedure Specific Risks: In addition to the risks of PRP procedure stated above.

PLANNED PROCEDURE (S):
Sexual Health and Wellness Shot - I acknowledge that the following is a risk of this procedure: <ul style="list-style-type: none">• No effect at all• Injection site Infection / hematoma• Hematuria (blood in urine)• Hypersexuality (over active sex drive)• Increased sexual arousal• Increased vaginal lubrication• Decreased sensitivity• Urinary incontinence INITIALS: _____
PRP Scalp Rejuvenation - I acknowledge that the following is a risk of this procedure: <ul style="list-style-type: none">• No effect at all• Worsening Hair Loss• Severe head ache• Injection site Infection / hematoma• Swelling that may extend into the tissue around the eyes (may last several days) INITIALS: _____



PRP Facelift - I acknowledge that the following is a risk of this procedure:

- Injection site Infection / Hematoma
- Redness, swelling and discoloration
- There is a risk that small lumps may form under your skin due to the injectable material collecting in one area. You may be able to feel the injected material in the area where the material has been injected. Any foreign material injected into the body may create the possibility of swelling or other local reactions to a filler material.
- The injected material may move from the place where it was injected.
- Fillers should not be used in patients with severe allergies, history of anaphylaxis, history or presence of multiple severe allergies, or hypersensitivity to any of the ingredients in the filler material.
- The safety of dermal fillers in patients with known susceptibility to keloid formation or hypertrophic scarring has not been studied.
- Fillers can be accidentally injected into a blood vessel, which may block the blood vessel and cause local tissue damage, or potentially even a heart attack, stroke, or death.
- The outcome of treatment with fillers will vary among patients. In some instances, additional treatments may be necessary to achieve the desired outcome. In some patients, the desired results may never be achieved. No studies of interactions of cosmetic fillers with drugs or other substances or implants have been conducted.

INITIALS: _____

PRP Facial - I acknowledge that the following is a risk of this procedure:

- Injection site infection / hematoma
- Discoloration
- Swelling and redness lasting up to 72 hours is possible

INITIALS: _____

PRP Breast Lift - I acknowledge that the following is a risk of this procedure:

- Cancer recurrence and involvement is unknown
- You should see improvements immediately, although there is usually a return to prior treatment status in 3 to 5 days as the water is absorbed and prior to the complete action of the cellular regenerative process. Within 2 to 4 weeks you will see improvement with continued positive changes for 12 weeks.

INITIALS: _____

RESULTS: I understand that due to the natural variation in quality of Platelet Rich Plasma, results will vary between individuals. I understand that although I may see a change after my first treatment; I may require multiple sessions



to obtain my desired outcome. It is recommended that once treatment goals are accomplished, an annual PRP procedure is likely necessary to maintain results.

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 "aka" PRP injections to area(s) discussed during our consultation for rejuvenation and regeneration of affected tissue. I have read this informed consent and certify I understand its contents in full. All 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 understand that 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 also understand this procedure is "elective" and not covered by insurance and that payment is my 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 Canyon Medical Center, its medical staff, and specific technicians from liability associated with the procedure. I certify that I am a competent adult of 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, successors and assigns. I agree that if I should have any questions or concerns regarding my treatment I will notify this office and/or provider immediately so that timely follow-up and intervention can be provided.

Patient Signature

Date