



Patient
Name:

Date:

PRP Consent

Platelets are very small cells in your blood that are involved in the clotting and healing process. Use of Fibrin-Matrix Platelet Rich Plasma (also "F-PRP") is a method whereby a small amount of your own blood is drawn into a tube and spun down in a centrifuge to isolate the platelets. When F-PRP is injected into an area following an aesthetic procedure it releases growth factors and triggers a healing cascade. F-PRP can induce a remodeling of the tissue to a healthier and younger state and has been shown to magnify the benefits of many aesthetic treatments. F-PRP is safe and effective for aesthetic and skin rejuvenation because your own enriched plasma is used. Alternatives to F-PRP include no post-procedure treatment or use of commercially-sold products.

CONTRAINDICATIONS: F-PRP used for aesthetic procedures is safe for most individuals. Patients with the following conditions are not candidates, including but not limited to: acute and chronic infections, certain skin diseases (i.e. SLE, porphyria, allergies), cancer, patients undergoing chemotherapy, severe metabolic and systemic disorders, abnormal platelet function (blood disorders, i.e. thrombocytopenia), chronic liver disease, anti-coagulation therapy with aspirin, plavix, coumadin, etc., underlying sepsis, systemic use of corticosteroids within two weeks of the procedure.

RISKS & COMPLICATIONS: Treatment with F-PRP may include: pain at the injection site, bleeding, bruising and/or infection as with any type of injection, temporary redness (flushing) of the skin, allergic reaction to the solution, injury to a nerve and/or muscle, itching at the injection site(s), nausea /vomiting, dizziness or fainting, temporary blood sugar increase, swelling, and also minimal or no effect from the treatment.

RESULTS

Results may take up to 4 weeks and continue to improve gradually with improvement in texture and tone. More severe conditions may require several sessions and may not fully respond. Results will vary among individuals and cannot be guaranteed. All appropriate methods will be used to maximize potential results.

PHOTOGRAPHS

I authorize the taking of clinical photographs and their use for documentation, follow-up and scientific and educational publications and presentations. I understand my identity will be protected.

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 withdraw blood and perform F-PRP injections to area(s) discussed during our consultation for the purpose of aesthetic enhancement and skin rejuvenation. I have read this informed consent and certify I understand its contents in full. All of 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. Any expenses which may be incurred for medical care I elect to receive outside of this office 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 F-PRP procedure and release Avalon Laser, its medical staff, and treating professional 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. I agree to all requested follow up and intervention as recommended by the staff. I will notify this office and/or the provider immediately as necessary for timely follow-up and intervention.

Signature: _____ **Date:** _____