



## **Patient Consent Form on A-PRP treatment**

I, \_\_\_\_\_, hereby request and authorize the use of Autologous Platelet Rich Plasma (A-PRP) injections(s) for the purposes of:

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I understand this procedure requires a simple blood draw. This procedure consists of collecting a sample of my own blood and separating its components through a centrifugation process in order to isolate and concentrate the platelets in a plasmatic fraction. The concentrated platelets contained in A-PRP release growth factors, stimulating cellular proliferation and synthesis of extracellular matrix components, such as collagen.

I understand that with any injection procedure, there is a possibility that small vessels may rupture resulting in temporary swelling, bruising, redness and soreness. I understand any injection carries a potential risk of infection.

I have notified my provider of my medical history, current medications, and all known allergies. I have been notified of the contraindications of PRP and I understand and accept the most likely risks and complications of PRP.

The details of the procedure, listed above, have been explained to me in terms I understand. I have been informed of what to expect before, during and post-treatment. Alternative methods and their benefits and disadvantages have been explained to me and I have no further questions.

I understand the effects of this treatment are gradual and may involve a series of treatments to achieve optimum results. The fee structure has been fully explained to me.

I understand and agree that photographs will be taken before and after each procedure(s).

I have received a signed copy of this patient information form.

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Signature of Patient

Date/Time

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Signature of Medical Provider

Date/Time