

PLATELET-RICH PLASMA (PRP) INFORMED CONSENT

This is an informed-consent document which has been prepared to help your Medical Injector inform you concerning PRP injections, its risks, likely effects and alternative treatments.

It is important that you read this information carefully and completely. Please sign the consent for this procedure as proposed by your Medical Injector and agreed upon by you, indicating that you have read the informed consent.

I, _____ authorize Medical Injector _____ to perform the following procedure: **PRP**.

This treatment involves the collection of your blood (approximately 8-16ml), then your blood is spun down using a centrifuge to separate out the plasma and platelet portion using the separator gel as a special filter. The PRP portion of your blood is then injected back into your skin to stimulate new collagen production, and to re-energize your cells into rejuvenating themselves. The product injected is 100% your own blood by-product (autologous).

CONTRAINDICATIONS, RISKS, SIDE EFFECTS

Listed below are Contraindications, Risks and Common Potential Side Effects reported during clinical studies that are specific to the injection of PRP:

1. Skin conditions and diseases including: facial cancer, past and present. This includes SCC, BCC and melanoma, systemic cancer, chemotherapy, steroid therapy, dermatological diseases affecting the face (i.e. Porphyria), blood disorders and platelet abnormalities, anticoagulation therapy (i.e. Warfarin).
2. Please advise your treatment provider if you suffer from, or suspect you suffer from, any of the following conditions: platelet dysfunction syndrome, critical thrombocytopenia, hypofibrinogenaemia, hemodynamic instability, sepsis, chronic liver disease, hepatitis or any acute or chronic infections.
3. Please advise your treatment provider if you are you currently taking any of the following medications: Aspirin, Anti-inflammatory including Nurofen, Votaren, Diclofenac or Naproxen, St. John's Wort, Garlic.
4. Please advise your treatment provider if are you currently taking, or have you recently taken (within 14 days) Vitamin E or Fish Oil supplements that could have a thinning effect on your blood.
5. You will likely experience mild to moderate swelling of the treated area, this will last for about 12-24 hours; ice or cold compresses can be applied to reduce swelling if required. You may notice a tingling sensation while the cells are being activated. In rare cases skin infection may occur, which is easily treated with an antibiotic.

CONSENT

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 a series of up to 6 sessions to obtain my desired outcome.

The procedure and side effects has been explained to me including alternative methods; as have the advantages and disadvantages.

I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and that, therefore, there can be no guarantee as expressed or implied either as to the success or other result of the treatment.

I am aware that the PRP treatment is not permanent as natural degradation will occur over time.

I understand and agree that all services rendered will be charged directly to me, and I am personally responsible for payment. I further agree, in the event of non-payment, to bear the cost of collection, and/or court costs and reasonable legal fees should they be required. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the injections and will also be your responsibility.

I agree to follow up with Body+Beauty Lab at the recommended intervals to monitor the effectiveness of the treatment, and to contact Body+Beauty Lab to advise of any change in my condition or any problem I may experience. I understand that no guarantees are implied as to the outcome of the procedure.

In signing this consent for this procedure, you acknowledge that you have read the informed consent and have been informed about its risks, consequences and alternatives, and accept responsibility for the clinical decisions that have been made, along with the financial costs of all treatments and future treatments. I understand that I have the right not to consent to this treatment and that my consent is voluntary. I hereby release the Medical Director, Medical Injector and Body+Beauty Lab from liability associated with this procedure. I give my informed consent for PRP injection today as well as future treatments as needed.

Client Signature _____ Date _____

Medical Injector Signature _____ Date _____