



826 BUSTLETON PIKE, UNIT 101 A
FEASTERVILLE, PA 19053
215-305-8206

PRP PATIENT CONSENT FORM

Description of Treatment:

This treatment involves the collection of your blood (approximately 8-16 ml), then your blood is spun down using a centrifuge that separate out plasma and platelet portion using the separator gel as a special filter. The PRP portion of your blood is there at the point of care to re-energize your cells into rejuvenating themselves. The product is 100% your own blood by-product (autologous). If you have any questions, please do not hesitate to ask your nurse practitioner or physician.

First name: _____ Last Name _____

Date of Birth: _____

Previous surgical and non-surgical facial Cosmetic Procedures:

Contraindications:

You should not have PRP treatment done if you have any of the following conditions: Skin conditions and diseases including:

- **Cancer or Metastatic disease:** the blood of patients with cancer, especially hematopoietic or of bone, might be infected with the cancer cells, so PRP is not advised. Same goes for any other metastatic diseases.
- **An active local infection:** if there's an existing infection in the area to be treated, you must treat and heal the infections first before applying PRP therapy. Except for some bacterial infections which PRP's anti-microbial properties can control.
- **Pregnant or are breastfeeding:** the risk of infection (even though minor) means it's not advised for expecting or new moms.
- **A low platelet count (thrombocytopenia):** patients with platelet count less than 105/ul is not advisable since the low platelet count makes it ineffective anyway.
- **Anemia or low HGB count:** patients with less than 10 g/dl of hemoglobin should not be allowed to undergo PRP as their blood may be weak.
- **Platelet dysfunction syndrome:** patients with any of the five types of platelet function disorders are not recommended. It may aggravate their symptoms.
- **Antiplatelet therapy:** those who are undergoing antiplatelet therapy for arterial circulation may not see any results due to lack of platelets.



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- **Active Smoking Habit:** smoking increases blood pressure and is said to lower platelets (not always), and so the effect of treatment may be low enough to not warrant it.
- **Alcohol Overuse:** we know consuming too much alcohol can diminish body’s capacity to release platelets so alcohol intake should be controlled or avoided before and during Platelet-Rich Plasma treatments.
- **Septicemia or blood infection:** if the blood is infected by harmful bacteria, its effects may be amplified by doing PRP.
- **Local toxicity to Bupivacaine HCL or Lidocaine:** if the patient has an allergic reaction or local toxicity to these, it could trigger an adverse reaction.
- **Corticosteroid injection and NSAIDS:** patients must refrain from taking any form of corticosteroid injections for up to ONE month prior to PRP therapy. As for NSAIDS like Nurofen, Voltaren or Mobic, that period is 7-10 days.
- **Recent fever or illness:** if the patient just recovered from a serious illness or fever, it may be advised to wait up to 60 days before having PRP treatment.

If you are unsure about any of the above mentioned conditions, please ask!

Have you ever been told that you suffer from or suspect you suffer from: Platelet dysfunction syndrome, critical thrombocytopenia, hypofibrinogenaemia, haemodynamic instability, sepsis, chronic liver disease, Hepatitis or any acute or chronic infections? **YES / NO** (circle one)

If yes, please state: _____

Are you currently taking any of the following medications: Aspirin, Anti-inflammatory such as Nurofen, Voltaren, Diclofenac, Naproxen etc.? St. John Wort, Garlic, Vitamin E **YES / NO** (circle one)

If yes, please state which one/s and last date _____

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? **YES / NO** (circle one)

If yes, please state: _____

SIDE EFFECTS:

you will likely experience mild to moderate swelling of the treated area, that will last 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 anti-biotic.



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Client Consent

I understand that due to the natural variation in quality of Platelet Rich Plasma results may 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 have 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 can not 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 PRP treatment is not permanent as natural degradation will occur over time.

I authorize Svitlana Sandurska, RN to perform the injection of PRP (Platelet Rich Plasma) for rejuvenation.

I state that I have read (or it has been read to me) and I understand this consent and I understand the information contained in it.

I have had the opportunity to ask any questions about the treatment including risks or alternatives and acknowledge that all my questions about the procedure have been answered in a satisfactory manner and that all blanks were filled in prior to my signature.

THIS CONSENT FORM IS VALID UNTIL ALL OR PART S REVOKED BY ME IN WRITING.

When completing the medical questionnaire, I have answered the personal medical history questions fully and to the best of my ability.

Name _____

Signature _____ Date _____

Aesthetician name _____

Signature _____ Date _____