CONSENT FOR PRP INJECTION TREATMENT

DATE: _____ Site being treated: _____Face / Scalp_____

1.I, _____, hereby give consent to Natalya Urovish, MD (PC) to perform a PRP injection treatment. I also consent to any other medical services during the procedure that may become medically reasonable and necessary. This includes, but is not limited to, the administration of anesthetics necessary to perform PRP injections.

2.I have declared that I have allergies to:_____

3.I have declared that I take the follow medications (include over the counter medications and supplements/vitamins):

_____

_____

4. I understand that PRP can be used to treat hair loss and for skin regeneration. I fully understand the results that I may reasonably expect. I understand that not all patients get improvement. Results are not permanent and require maintenance treatments.

5. I declare I do not have any of the following conditions which might otherwise not make me a candidate: Current infections, Skin diseases such as lupus or porphyria,nerve or muscle conditions, Current cancer, Current chemotherapy or radiation treatments, Severe metabolic or systemic disorders, Liver disease, Abnormal platelet function (blood disorders), Low platelet count, Anticoagulation therapy (warfarin, coumadin, Plavix, clopidogrel, Eliquis, Brilinta, Xarelto, and others), Current use of corticosteroids, Steroid injections in the last month. I have not taken Accutane (isotretinoin) in the past 12 months. I am not currently pregnant. I have informed Dr. Urovish of any previous resorbable or permanent filler injections.

Medical
Conditions_____

_____

Prior filler injections (and dates if applicable)

_____

_____

6. An explanation of the procedure has been given to me. I understand that blood will be drawn from a vein in my arm. That blood will then be placed in a PRP machine to be spun down in order to concentrate the platelets and then injected back into my scalp. I understand the local anesthetic medications will be given to reduce discomfort of the PRP injections

7. I am aware of the pros, cons and alternatives to PRP injections. I have the option of doing nothing. I understand that the PRP injection procedure is an “elective” procedure. If I do not have PRP injections, I will not experience harm or negative consequences for my body other than continue to lose hair, and my skin will age. Alternative methods and their benefits and disadvantages have been explained to me.

8. I understand that hair loss and skin aging is continuous throughout life for some people. I understand that PRP involves a series of treatments to achieve optimum results. I understand that the effects of this treatment are gradual, as the healing process of platelets and growth factors stimulate a stem cell response that naturally helps regenerate collagen over time. I understand that additional PRP injection procedures are usually needed and that maintenance treatments are usually needed approximately every 6 months.

SIDE EFFECTS

Minor discomfort (pin prick sensation) from blood draw.

Dizziness and feeling faint (rare).

A temporary headache.

Redness in the scalp or face for 2-4 days.

Swelling in the scalp, forehead, face and around the eyes. There may rarely be swelling discoloration and bruising associated with the procedure.

Reaction to local freezing medications.

Hair loss (temporary) in the existing hair. This is often termed ‘shock loss.’

Infection (very rare).

Itching at the injection sites.

Minor bleeding and bruising at the sites of injections.

Injury to nerve during blood draw (very rare).

I have read and understand all of the possible side effects and complications listed above. I accept the risks of these possible side effects associated with this procedure.

_____ _____

Patient Signature Date

10. I consent to having my photos taken. These include pre-operative ('before') photos, photos during the procedure ('during') and post-operative ('after') photos. I give consent to Natalya Urovish, MD PC to use these photos for advertising purposes, which may include brochures, websites and use during preoperative consultations. I understand that I may withdraw consent by stating 'no consent for sharing photos' below my signature. However, photos will still be obtained for my chart and for purposes of documentation of outcomes.

11. I believe that I have been well informed. I understand that good results are expected, but the practices of medicine are not exact sciences. I understand that knowledgeable practitioners sometimes disagree as to the best methods of treatment to achieve desired results.

12. This consent was read and signed while I was not under the influence of medications that might alter my mental capacity to understand its contents.

13. I certify this form has been read or it has been read to me, the blank spaces have been filled in, and I understand its contents. I was given the opportunity to ask questions about PRP.

14. I have disclosed all information regarding past and present medical conditions, current medications and known drug allergies. This information is necessary so that the proper medical treatment is given at all times during the procedure.

15. I acknowledge that I am responsible for payment of these services with no fee reimbursement regardless of procedure results. I understand the fee paid is for the procedure and not for an expected result. I understand that payment is due the day of my procedure.

16. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

17. I have been given the opportunity to ask questions and all of my questions have been answered to my satisfaction. I impose the following limitations on my treatment:

Circle NONE or Explain_____
_____
_____

_____ _____

Patient Signature Date

_____ _____

Physician Signature Date