

Informed Consent for Platelet Rich Plasma (PRP) Injections

Patient name: _____ Date of Birth: _____

PRP therapy is a means of administering your own platelet rich fractions along with its growth factors to areas of need such as scalp (for hair loss) or skin (for scarring or aging).

While there is medical literature on the value of PRP in the conditions above, I understand that not all patients will obtain improvement.

I declare that I do not have any of the following conditions presently:

- Infections
- Cancer
- Bone marrow, bleeding disorders or platelet abnormalities
- Using anticoagulants including aspirin or using cortisone pills or injections or on chemotherapy

The procedure has been explained to me including a blood draw from my arm which will then be processed and injected back into either my scalp or face. For facial scarring, it may also be applied as a serum onto my face.

I acknowledge that this is an elective procedure and that other options have been explained including no treatment.

I understand my condition continues throughout life and that additional therapy including more PRP injections may be needed in the future.

Side effects include minor discomfort from venipuncture as well as discomfort from the needle injections into the skin. There may be redness at the treatment site for 2-4 days and possible temporary headaches. There may also be swelling around the forehead and eyes with scalp treatments. Rarely there may be reactions to local numbing injections. Temporary hair loss may occur with the scalp treatment site, often termed “shock hair loss”. There is a rare risk of infection and nerve injury.

I consent to photography of my condition before, during, and after for medical documentation purposes.

I consent to photography of my condition before, during, and after for advertising purposes including brochures, websites, and consultations.

I have read all the above information and have had a chance to ask questions regarding PRP and I accept the risks of this procedure. I hereby authorize Dr. Jerry Tan and his staff to proceed with PRP treatment.

Patient's signature

Witness signature

Date