

# pelle — spa

## Informed Consent for Platelet Rich Plasma (PRP)

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

PRP, or platelet rich plasma, is concentrated with platelets from your own blood. The plasma is applied topically, injected, or a combination of both to help the tissue heal and regenerate new cells. Platelets are naturally occurring substance in your blood that plays an essential role in clotting. As a concentrated source of autologous platelets, PRP contains several growth factors and other cytokines that stimulate healing of soft tissue. As a result, new collagen and elastin begins to develop. Along with the benefit of using your own tissue therefore virtually eliminating allergies, PRP has been shown to have overall rejuvenating effects on the skin including: improving skin texture, thickness, fine lines and wrinkles, increasing volume, and diminishing and improving the appearance of scars. PRP hair restoration is thought to stimulate and strengthen existing hair follicles but it does not create new hair follicles or restore follicles that have already died. Thinning hair is believed to benefit from PRP treatments, but PRP is not believed to treat complete baldness.

### RISKS & COMPLICATIONS:

- Pain at the injection site
- Bleeding, Bruising and/or Infection as with any type of injection
- Redness and/or swelling
- Injury to a nerve and/or muscle as with any type of injection
- Itching and/or dryness
- Minimal effect from the treatment.

### CONDITIONS THAT PREVENT TREATMENT

- Skin diseases (SLE, porphyria, allergies)
- Recent or Current Cancer or Chemotherapy
- Severe metabolic and systemic disorders (Diabetes, Lupus, Multiple sclerosis, Rheumatoid Arthritis)
- Platelet and Blood Disorders (blood thinning medications)
- Chronic Liver Pathology
- Anti-Coagulation Therapy

My questions have been fully answered and I have read or have had read to me this document, have not taken any medications which may impair my mental ability, do not feel rushed or under pressure and understand its contents. I hereby give my unrestricted informed consent for the procedure.

I understand that cancellations must be made prior to appointments. I understand I must cancel 24 hours prior to my scheduled appointment or I will be charged \$25.00 for every missed appointment.

I give permission for photographs taken of all treated sites to be used for the medical record, and anonymously for teaching, illustration in scientific papers or for marketing and/or literature.

I agree to follow up at recommended intervals to assess my status and to inform Pelle Spa, LLC of any problems that I may be having and allow examination at that time.

I have been given and have read and understand the pre- and post-care instructions

I am aware that it is my responsibility to inform Pelle Spa providers of my current medical conditions. I agree to abide by the above policy statements. I understand that, as with any cosmetic procedure, individual results may vary and that NO refunds will be given. I understand that if I am dissatisfied with the results of the services rendered that I am not entitled to a refund. I understand that as a valued customer of Pelle Spa, that I may contact them to determine if there is a remedy for my dissatisfaction. If I choose not to allow Pelle Spa to remedy the issue, or if I choose to allow Pelle Spa to remedy and I am still dissatisfied, that I am not entitled to a refund. I hereby release the technician performing the procedure, Pelle Laser Spa, LLC and Annette Randlemon, CNP from all liabilities associated with any and all of the above indicated procedures.

**Signature**

----- Date -----

**Signature of Parent/Guardian (if patient is under 18)**

----- Date -----

**Provider Name and Signature**

----- Date -----

\*This consent is good for one year.