Dermatology *Partners,* Inc.

PRP Informed Consent

Platelet-rich plasma is also known as PRP which is a treatment used to promote hair growth and in conjunction with other procedures such as laser or Microneedling to promote healing and collagen stimulation to reverse the signs of aging.

A small amount of your blood will be drawn up into a syringe then spun in a centrifuge to separate its components. The plasma will then be injected or placed in the treatment area.

There are very minimal side effects of PRP because we are using your own blood, therefore virtually eliminating the risk of allergies. Side effects include:

- Pin point bleeding from injection sites
- Mild local pain
- Redness
- Bruising
- Minimal chance of infection

By signing this informed consent form, I hearby grant authority to the physician/practitioner to perform PRP treatment to the area (s) discussed during our consultation for the purpose of aesthetic enhancement and skin rejuvenation.

Patient Name (Print) _____

Patient Signature _____

Physician Signature _____

Date _____

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