



Platlet Rich Plasma (PRP)

You should not have PRP if you have any of the following: Please initial if you do **NOT** have.

- 1) Acute and chronic infection _____
- 2) Skin diseases _____
- 3) Cancer _____
- 4) Chemotherapy _____
- 5) Severe metabolic and systemic disorders _____
- 6) Abnormal platelet function _____
- 7) Pregnant or breastfeeding _____
- 8) Steroid therapy _____
- 9) Systemic use of corticosteroids within two weeks of the procedure. _____
- 10) Underlying sepsis _____
- 11) Chronic liver pathology _____
- 12) Anti-coagulation therapy _____

Are you currently taking any of the following medications: Aspirin, anti-inflammatory such as Nurofen, Naproxen, Vitamin E, etc. YES NO (please circle one)

Naproxen, Vitamin E, etc. YES NO
IF YES, WHY?

W-YES, W-WW-:_____

Are you currently taking, or have you recently taken (within 14 days) Vitamin E?

that could have a thinning effect on your blood? YES NO (please circle one)

1) Pain, swelling, itching at the injection site _____

- 2) Bleeding, bruising, and/or infection _____
- 3) Short lasting flushing of the skin _____
- 4) Allergic reaction _____
- 5) Injury to a nerve and/or muscle _____
- 6) Nausea, vomiting _____
- 7) Dizziness or fainting _____
- 8) Temporary blood sugar increase _____

I understand that due to the natural variation in quality of PRP results will vary between individuals. I understand that although I may see change after one treatment; this is a treatment that works best in a series, in addition to maintenance every 6 months for hair restoration. 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 cannot 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 PRP is not permanent as natural degradation will occur over time.

This consent form will be valid for up to six applications of PRP. I state that I have read it (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 questions about the treatment including risks or alternatives and acknowledge that all my questions have been answered in a satisfactory manner.

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

Name _____

Signature _____ Date _____

Witness signature _____