**IADVL- Academy**

**SIG (Special Interest Group) Aesthetics 2020-21**

**CONSENT FORM FOR AUTOLOGOUS PLATELET RICH PLASMA (PRP)**

(Please acknowledge the source when using this consent form)

Mr/Mrs./Miss\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the PROCEDURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

INDICATION FOR PRP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Procedure Details:**

 **I HAVE BEEN INFORMED IN THE LANGUAGE I BEST UNDERSTAND THAT**

Platelet Rich Plasma (PRP) is an injection treatment whereby the patient’s own blood is centrifuged to separate out the platelet portion that is then injected back into the specific sites for the given indication above. It releases growth factors to stimulate new collagen production and to energize the cells into rejuvenating themselves. The same process is also done for the hair to reduce hair loss and improve the hair growth. It also helps in wound healing and improvement of scars.

There are different methods for the preparation of PRP. The doctor has discussed with me regarding the pros and cons of the different methods and the available commercial kits.

The total number of treatment sessions may vary among individuals. Exact number of sessions cannot be predicted. A minimum number of 3 to 6 sittings maybe required before I can appreciate any visible change. I have been explained about maintenance treatments that may be required after completion of treatment.

No guarantee, warranty, or assurance has been made to me as to the results that may be obtained. On rare occasion there may be a patient who does not respond to treatment

I was also informed about the other alternative methods as well as their benefits and disadvantages. I understand that for ideal results, this procedure can be combined with microneedling, lasers and chemical peels, etc.

**I AM ALSO INFORMED THAT**

* Some side effects and complications may be experienced like pain, headache, stinging, mild to moderate swelling which may subside in 3 to 7 days, redness and heat, nausea, vomiting, dizziness and transient increase in sugar levels.
* Variable results are seen due to the patients’ lifestyle, medical profile, and age, the extent of wrinkling, extent of hair loss, smoking, sun damage, nutritional make-up, and genetic factors. The results depend on the platelet levels and the level of growth factors in these platelets, which vary from person to person.
* The procedure is not FDA approved for cosmetic indications and approved for wound regeneration.
* Topical, local or general anesthesia is required in few patients. I am ready to take the appropriate form of anesthesia.
* Pre and post procedure photographs will be taken which may be used for academic or scientific purposes.
* The results may be seen only after 4 to 6 weeks after this session.
* This is not a complete treatment for my ailment and other forms of treatments may be needed for optimum results.

**COST AND PAYMENT**

I have been informed about the fees and the number of sessions / package. I shall abide by the same

**Consent Letter :**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and her /his designated staff to perform procedure of Platelet Rich Plasma. Further, my signature below indicates my consent for the treatment described and my agreement to comply with the requirements placed on me by this consent form.

I have informed the doctor about my medical history regarding herpes, allergy, acne, keloids, diabetes, and autoimmune disease, treatment with anticoagulants, NSAIDS, blood thinners or corticosteroids etc. I am not pregnant or breast-feeding. In spite of this, I am aware that I may develop any allergy at any point. I give my consent to the doctor to take the necessary measures to treat my allergic reaction, if any develops. Before each treatment, I will inform the doctor if I have taken any new medications since my last treatment.

My questions regarding the procedure have been answered satisfactorily.

I hereby release Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and her/his designated staff from any liability associated with above procedure. The payment and fee structure have been informed to me and I agree to abide by the same.

I also agree to comply with the recommended aftercare instructions.

**SIGNATURE OF PATIENT/ AUTHORIZED REPRESENTATIVE (in case of minor)**

**Name:**

**SIGNATURE OF WITNESS SIGNATURE OF OPERATING DOCTOR**

**Name: Name:**

**Date: Time: Place:**

**Was Translation to the Patient’s language required: Yes/ No**

**SIGNATURE OF THE TRANSLATOR**

**(Name and Relationship with the patient, if any)**

**POST PROCEDURE CARE:**

* Wear the sterile cap for at least 3 hours after post procedure
* Do not wet the site of injection for at least 24 hours after the procedure
* Wash the scalp with a mild gentle shampoo
* Wash the face with a gentle alcohol free cleanser
* Follow the medical advice suggested by the treating doctor
* Avoid sun-exposure and heat after procedure for 24hrs
* Do not opt for any parlour treatments for next 2 weeks or thereafter without consulting the doctor.
* A good diet, adequate water intake and adequate sleep will ensure better healing and good response
* Attend the next session on the date , as advised by the treating doctor, in order to get the desired result