



## Platelet Rich Fibrin Matrix (PRFM) Informed Consent

Platelet Rich Plasma Therapy is an injection treatment whereby a person's **own blood** is used. The full procedure takes approximately 30 minutes. Generally, 2-3 treatments are advised, however, more may be necessary for some individuals. Touch up treatments may be done once a year after the initial group of treatments to boost and maintain your results.

**Benefits of PRP:** PRP has been shown to have overall rejuvenating effects on your skin which may include increased collagen production, improvement in skin volume and elasticity, improvement in hyperpigmentation, texture and tone as well as a reduction and scarring and maintenance of a youthful appearance and glow! It is believed that PRP is helpful in over 85% of patients. Other benefits include minimal down time, minimal risk, short recovery time, natural looking results, no general anesthesia is required.

**Risk & Complications** (*Less than 5%*) Some of the potential side effects of PRP include: 1) Bruising 2) Infection 3) Short lasting pinkness/redness 4) swelling in the face and forehead 5) nerve irritation or damage.

**Contraindications:** (*Less than 1%*) PRP used for aesthetic procedures is safe for most individuals between the ages of 18-80. There are very few contraindications, however, certain diseases and/or medications may prohibit the use of PRP. Please make sure you fill out the medical history form completely.

**Alternatives** to PRFP include but are not limited to micro-needling, dermal filler, PDO threads, and Botox for prevention of fine lines and wrinkles.

**Results:** You will see improvement over 4-6 months after treatment. In some patients' results may happen sooner or take longer. The number of treatments needed depends on each individual patient, the desired outcome, and your doctor's treatment plan.

**Consent:** My consent and authorization for this elective procedure is strictly voluntary. By signing this informed consent form, I hereby grant authority to Diana Gallerani NP to perform PRP injections to area(s) discussed during our consultation that are listed here. \_\_\_\_\_(Initial)

I have read this informed consent and hereby certify that I understand its contents in full. I understand that medicine is not an exact science and acknowledge that no guarantee has been given or implied by anyone as to the results that may be obtained by this treatment. I also understand this procedure is “elective” and not covered by insurance and that payment is my responsibility. Payment in full for all treatments is required at the time of service and is non-refundable.

Patient Name \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

