

INFORMED CONSENT FOR PRP INJECTION TREATMENT

Date: _____

1. I, _____ [Patient Name] hereby give consent to RN Dental & Skin clinic to perform a Platelet-rich plasma (“PRP”) injection treatment.
2. I have declared that I have allergies on my health history intake form.
3. I have declared that I take the following medications on my health history intake form.
4. I understand that PRP can be used to treat hair loss. I fully understand the results that I may reasonably expect. I understand that not all patients get improvement.
5. I declare I do not have any of the following conditions which might otherwise not make me a candidate: Current infections, Skin diseases such as lupus or porphyria, Current cancer, Current chemotherapy treatments, Severe metabolic or systemic disorders, Liver disease, Abnormal platelet function (blood disorders), Anticoagulation therapy, Current use of corticosteroids, Steroid injections in my scalp in the last month.
6. An explanation of the procedure has been given to me. I understand that blood will be drawn from a vein in my arm. That blood will then be placed in a PRP machine to be spun down in order to concentrate the platelets and then injected back into my scalp. I understand the local freezing medications will be given to reduce discomfort of the PRP injections.
7. I am aware of the pros, cons and alternatives to PRP injections. I have the option of doing nothing, wearing a wig or hairpiece, using prescription medicines or possibly having a hair transplant surgery. A combination of the above is also possible. I understand that the PRP injection procedure is an “elective” procedure. If I do not have PRP injections, I will not experience harm or negative consequences for my body other than potentially losing more hair.
8. I understand that hair loss is sometimes continuous throughout life for some people. I understand that additional PRP injection procedures may be needed and that some individuals would expect 1-3 sessions per year.

SIDE EFFECTS

- i. Minor discomfort (pin prick sensation) from blood draw ii. Dizziness and feeling faint (rare) iii. A temporary headache
- iv. Redness in the scalp for 2-4 days
- v. Reaction to local freezing medications vi. Hair loss (temporary) in the existing hair. This is often termed 'shock loss.'
- vii. Itching at the injection sites
- ix. Minor bleeding and bruising at the sites of injections

9. I consent to having my photos taken. These include pre-operative ('before') photos, photos during the procedure ('during') and post-operative ('after') photos. I understand these photos will not reveal my identity. I give consent to RN Dental & Skin Clinic to use these photos for advertising purposes, which may include brochures, websites and use during preoperative consultations. I understand that I may withdraw consent by stating 'no consent for sharing photos' below my signature. However, photos will still be obtained for my chart and for purposes of documentation of outcomes.

10. This consent was read and signed while I was not under the influence of medications that might alter my mental capacity to understand its contents.

11. I acknowledge that I am responsible for payment of these services with no fee reimbursement regardless of procedure results. I understand the fee paid is for the procedure and not for an expected result. I understand that payment is due the day of my procedure.

Expectations:

For best results 3 - 6 monthly treatments may be required.

Recommend maintenance treatment every 6-12 months following initial course of treatment

What to expect after treatments:

Lingering soreness of scalp x 24-48hrs

Slowing of hair shedding and gradual hair growth and over next 3-6 months.

New hair growth typically noticed after the 2nd or 3rd treatment, with maximum effect occurring 3-9 months following 3rd treatment.

Treatment effects, with potential for continued improvement, persist 6-12 months after last treatment

While we cannot guarantee regrowth of new hair, rate of hair loss drastically declines in nearly 100% of patients while receiving treatments and for an average of 6-12 months following the last procedure.

Signature of Patient

Date
