



PLATELET RICH PLASMA CONSENT

Name _____ Date of Birth _____ Age _____

Address _____

_____ Street City State Zip Code

Day/Cell Phone () - _____ - _____ Home Phone () - _____ - _____

Email (required) _____ Okay to leave message Y or N

Platelet Rich Plasma (“PRP”) Facial - Is a combination treatment of micro needling and application of plasma to the skin. As the Micro Needling device moves across the skin, It makes pinpoint punctures to create very minor micro “injuries” to skin which creates a low grade inflammatory reaction.

Blood is drawn from the individual patient, spun down to separate its components (red blood cells, platelet rich plasma and plasma). The plasma is then applied to the face and causes a release of growth factors in the dermis which in turn triggers stem cells in the dermis to produce new collagen, blood vessels and skin cells.

PRP facials are used to rejuvenate the skin and improve the skin’s surface by reducing fine lines, expression lines, wrinkles, enlarged pores, and acne scars, tone and overall texture. Micro Needling is safe for all types of skin. The entire procedure is normally completed within 60 minutes, depending on the required treatment and the anatomical site. New healthy skin appears about 4 weeks after treatment and can last up to two years. Generally, more than one treatment is required and these are done 3-4 weeks apart. Depending on the skin condition additional treatment may be recommended.

The sensation of micro needling can be uncomfortable, particularly in areas of bony prominence and where the skin is thinner such as the forehead, neck, and around the eyes. Immediately following the procedure, the skin will feel tight, dry, swollen, and sensitive to the touch. It will also look and feel sunburned. The sensitivity and redness will diminish significantly within 24-48 hours . Other common short-term side effects include itching, discomfort, pinpoint bleeding or bruising, scabbing, and darkening of the treated area.

Additionally, the skin may look and feel like sandpaper, these effects generally last 2-7 days at the treated skin flakes off and is replaced by new tissue.

Benefits of PRP: Along with the benefit of using your own blood, you eliminate allergies. PRP has been shown to have overall rejuvenating effects on the skin by improving skin texture, fine lines and wrinkles, increasing volume with increased production of collagen and elastin, and by



diminishing and improving the appearance of scars. Other benefits include minimal downtime, safe with minimal risk, short recovery time and natural looking results, which are generally visible at 3 weeks and continue to improve gradually over the next 3-months with improvement in texture and tone and may last 18-24 months. Advanced wrinkling cannot be reversed and only a minimal improvement is predictable in persons with drug, alcohol and tobacco usage. Severe scarring may not respond. All individuals are different so there will be variations from one person to the next.

Contraindications of PRP: Although PRP procedures are safe for most individuals, there are very few contraindications, and patients with the following conditions are not candidates:

Acute and Chronic Infections

Skin Diseases (i.e. SLE, porphyria, allergies)

Cancer or Chemotherapy

Severe metabolic and systemic disorders

Abnormal platelet function (blood disorders, i.e., Hemodynamic Instability, Critical Thrombocytopenia)

Chronic Liver Pathology

Anti-coagulation therapy

Systemic use of corticosteroids within two weeks of procedure

Pregnant or breastfeeding

Possible Risks and Complications of PRP:

Dizziness or fainting

Herpes simplex outbreak

Hyperpigmentation (darkening of the skin), and hypopigmentation (lightening of the skin).

Darkening or lightening of the skin usually fades within 6 months but in rare cases, could be permanent. This reaction is more common in patients who are tan or who have darker skin tones. It can result or worsen when treated areas are exposed to the sun too soon following treatment. This risk can be minimized by avoiding sun exposure for 4 weeks before and after treatment and by adhering to pre and post treatment instructions.

If you are unsure about any of the above mentioned conditions, Please Ask.

Are you currently taking, or have you recently taken (within 14 days) Vitamin E, or Fish Oil supplements that could have a thinning effect on your blood? **YES** **NO**

If yes, please state: _____

I agree that the information listed above has been reviewed and presented with my clear understanding of what this procedure involves.

I _____, the undersigned, declare that I understand all of the above risks and all of my questions have been asked to the very best of my ability and knowledge. I will not hold the physician or any member/staff/ Salon Loft responsible for any errors or omissions that I may have made in the completion of this New Patient



forms. With full and clear understanding, by signing bellow, I release the technician and/or physician from any and all liability associated with these procedures.

If any problem should occur after your treatment, the following measures should be taken:

- Contact me immediately after a reaction has occurred or within 24 hours of any side effects. If immediate care is needed, a physician will evaluate the patient and necessary treatment will be provided. If you do not contact the office within 24 hours you will be held liable for any permanent changes that may occur.
- Fill out a form with the physician describing in full detail what type of symptoms or side effects are present. This will be done in ALL cases that have any type of symptoms or side effects.
- All treatments will stop until all issues are resolved and the patient will be reassessed before further treatments will be provided.

Should you have any concerns or questions, please do not hesitate to call at my office 727-858 7205. My main goal is client satisfaction. That is why it is VERY important to educate my patients so there is a fully understanding of the procedure and have trust, confidence and cooperation in their decision.

I certify that I have read this entire document and that I understand and agree to the information provided and undergoing treatment.

I certify that I am a competent adult of at least 18 years of age. I freely and voluntary execute this informed consent.

Patient Signature: _____ Date: _____

Flor Henk: _____ Date: _____