Platelet Rich Plasma (PRP) Hair Restoration Consent Form

Platelet Rich Plasma (PRP) is an injection treatment that uses the components of a person’s own blood to stimulate hair growth. Platelets are very small cells in your blood that are involved in the clotting process. When PRP is injected into the damaged area it causes a mild inflammation reaction that triggers the healing cascade. As the platelets organize in the tissue, they release a number of enzymes and growth factors to promote healing and restoration of tissue. They have also been shown anecdotally to promote hair growth

**Method**

A small quantity of blood (20cc‐50cc) is drawn from the patient into a syringe. The blood is spun down in a special centrifuge to separate its components (Red Blood Cells, Platelet Rich Plasma, and Plasma). The platelet rich plasma is separated from the rest of the blood, drawn up and then is injected directly into thinning areas of the scalp.

**Treatment Schedule**

* 1stTx
* 2nd Tx at 6 weeks
* 3rd Tx at 3 months
* 4th Tx at 6 months
* Then every 6 months (depending on the response)

**Indications**

* Androgenetic hair loss (male and female pattern alopecia)
* Age ≥ 21 years

**Relative Contraindications**

* acute and chronic infections
* certain skin diseases (i.e. SLE, porphyria)
* allergies to anesthetics (lidocaine, xylocaine)
* cancer
* chemotherapy
* blood or bleeding disorders
* anti‐coagulation therapy
* chronic liver disease
* systemic use of corticosteroids within two weeks of the procedure
* pregnant or breast feeding

**Risks and Complications**

* pain or itching at the injection site
* bleeding, bruising, swelling and/or infection
* temporary pinkness/redness (flushing) of the skin
* allergic reactions to the solution
* injury to a nerve from the injection
* nausea/vomiting
* dizziness or fainting during treatment

**Photographs (please initial)**

\_\_\_\_\_\_\_\_\_I consent to photographs being taken for use in the following areas: evaluation of treatment, effectiveness, medical training and education, marketing, media stories, advertising and other sales purposes. No photographs revealing my identity will be used without my written consent. If my identity is not revealed (by name), these photographs may be used and displayed publically without my permission.

**Use of Anesthetics**

Topical anesthetics (Benxocaine, Lidocaine, Tetracaine) may be used for your procedure if you are not allergic. Please initial if you have a problem with topical anesthetics:  
\_\_\_ I am allergic  
\_\_\_ I am not sure

\_\_\_ I am not allergic

**Consent**

My consent and authorization for this elective procedure is strictly voluntary. By signing this informed consent form, I hereby grant authority to the injector to perform Platelet Rich Plasma (PRP) injections to area (s) discussed during our consultation. I have read this informed consent and certify I understand its contents in full.

All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I agree to adhere to all safety precautions and instructions after the treatment. 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 hereby give my voluntary consent to this PRP procedure and release CHEEKy Medspa for Hair Restoration and its staff from liability associated with the procedure. I certify that I am a competent adult of at least 21 years of age.

I understand that if I have questions or concerns regarding my treatment, I will notify this office at 907-252-2419 so that timely follow‐up and intervention can be provided.

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Patients name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Injector Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_