



Account # _____

Date: _____

PRP for Hair growth: Consent & Post Injection Instructions

Patient Name: _____

PRP stands for Platelet Rich Plasma. Platelet rich plasma is exactly that, it is plasma that is composed mainly of one’s own platelets. After obtaining a blood sample, it is centrifuged (spun) so that the individual components are separated, leaving the remaining fluid (PRP). Initially, within our body, platelets are the cells that assist in the healing process. When we injure a part of the body, the platelets automatically migrate to the site of injury, initiating a healing response by releasing numerous growth factors and other proteins which promote healing. Depending on the treatment, PRP is indicated to improve collagen production and hair growth in the injected areas.

As with any medical procedure, there are always associated risks. However, this procedure is likely to assist you with proper healing of an injury and pain relief that would be provided through one’s own healing process. Nevertheless, the risk, complications, and most noted side effects include:

- ❖ Achiness/soreness to the injections site – which initially increases and can last several days. This will gradually decrease with time, usually within 48 hours.
- ❖ Possible allergic reaction to substances utilized during the procedure, such as anesthetic, antiseptic, or dressing. This is usually a minor reaction and self – limiting.
- ❖ Local bruising may occur
- ❖ Infection, which is rare, may present after the 48 hour mark with redness, warmth, and pain.

Post Injection Instructions

- ❖ Avoid use of NSAIDS; including Advil, Aleve, Ibuprofen, naproxen, Voltaren, and Aspirin for 3-4 weeks post injection, as it will interfere with the beneficial effects of the PRP treatment.
- ❖ Also, reduce physical activity and exercise. Avoid strenuous lifting or high level exercises for several days after injections.
- ❖ Call our office with any questions or concerns in regards to your treatment.

I have read the above information and I am aware of the risks and benefits of the PRP treatment. I have been provided with the opportunity to have any questions answered and I therefore give my consent for the PRP treatment.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

P: 480.556.0446 . F: 480.556.0447 . www.affderm.com

Scottsdale . Surprise . Anthem . Deer Valley . Gilbert . Ahwatukee