



Platelet Rich Plasma Consent

PRP stimulates a controlled inflammatory response to produce new collagen to tighten the skin and leads to hair growth on the scalp and eyebrows. Platelets release small molecules that act as messengers to regulate tissue healing. This unique blend of wound healing and growth factor platelets can rejuvenate your skin by minimizing fine lines and aid in improving your collagen quality and levels.

Risks and Complications

- Minor discomfort (pin prick sensation) from blood draw
- Dizziness and feeling faint
- A temporary headache
- Redness in the scalp for 2-4 days
- Swelling in the forehead and around the eyes. There may rarely be swelling discoloration and bruising associated with the procedure.
- Hair loss (temporary) in the existing hair. This is often termed 'shock loss.'
- Infection
- Itching at the injection sites
- Minor bleeding and bruising at the sites of injections
- Injury to nerve during blood draw

Pregnancy and Allergies

I am not aware that I am pregnant or breastfeeding.

Informed Consent

- I hereby give consent to Gunn Dermatology to perform a PRP injection treatment. I also consent to any other medical services during the procedure that may become medically reasonable and necessary. This includes, but is not limited to, the administration of anesthetics necessary to perform PRP injections.
- I have notified the medical staff of any allergies and medications I am currently taking.
- 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.
- 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.
- 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 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 lose more hair.
- 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.

Payment

I understand that this procedure is cosmetic and that payment is my responsibility. I am aware of the prices (listed below) and that discounts may be applied but not guaranteed. Payment is my responsibility.

One Treatment: \$650

Two Treatments: \$1150

Three Treatments: \$1500

Right to Discontinue Treatment

I understand that I have the right to discontinue treatment at any time.

Informed Consent

The physician has explained to the patient/family/guardian the nature of my condition, the nature of the procedure, and the benefits to be reasonably expected compared with alternative approaches, including the likely result of not performing the procedure.

The physician has discussed the likelihood of major risks or complications of this procedure.

The physician has also indicated that with any procedure there is always the possibility of an unexpected complication.

Witness Signature _____ Date _____

Patient/Guardian Signature _____ Date _____