REFRESH | REFINE

Consent Mn with PRP

Purpose

Using blood-derived growth factors (Platelet-rich plasma, or PRP), the microneedling facial procedure with PRP is a safe procedure for renewing the skin of the face and other body areas for correcting texture and color.

WE WILL NOT PERFORM THIS TREATMENT IF YOU HAVE ANY OF THE FOLLOWING:

- **Active Infection- viral, fungal, bacterial**
- **Rashes warts, skin cancer**
- **Active acne**
- **Skin-related autoimmune disorder**
- **Patients on anticoagulants (NSAIDS, ASA, Coumadin/Warfarin)**
- **Pregnancy and lactation**
- **Recent ablative dermal procedures**
- **Eating disorders, psychological disorders**
- **Rosacea**
- **Diabetes**
- **Actinin (solar) Keratosis**
- **Keloids**

I agree to inform the Provider and office if my health changes or if I have any of the above or other new medical conditions

Benefits

This treatment is natural in that your own cells are used and microneedled into the specified areas. Since a distillate of growth factors from your own blood (PRP) is used, there should be no side effects from the material microneedled. The body reacts to the treated cells as it does to a wound and immediately starts repairing the tissue; this builds the underlying tissue with tightening, smoothing, and increased blood flow (which makes the color more attractive). It may take 5-7 days to heal from microneedling. Within 2-4 weeks you will see improvement with continued positive changes for 12 weeks. There is actual growth of new tissue by stimulation of uni-potent stem cells, so the change is not from something foreign being in the body but from the body actually rejuvenating and growing. The platelet-rich plasma (PRP) stimulates new blood flow with new blood vessels (neo-vascularization). The results of this treatment vary and the research documenting the longevity of results is ongoing.

Treatment

You may take a pain medication, such as Tylenol (acetaminophen). **DO NOT** take aspirin, Advil, Motrin, Aleve, non-steroidal anti-inflammatory medication, or corticosteroids. These drugs may inhibit the stem cells natural inflammatory response. A topical anesthetic (numbing) cream (lidocaine, bupivacaine, and tetracaine or a combination) is applied to the treatment area. Blood is drawn in the same way blood samples are taken for routine lab tests. Blood is centrifuged to separate the component cells. Platelets are separated and used for this procedure as platelet rich plasma. This platelet rich plasma is applied to your treatment area; microneedling drives this platelet rich plasma deep into your skin. The microneedling makes very small holes in your skin with little pain.

Foreseeable Risk and Discomforts

The primary risks and discomforts are related to the blood draw where there is a slight pinch to insert the needle for collection and there is a potential for bruising at the site. The microneedling generally causes minimal pain because the topical anesthetic numbs the skin and the needles are very, very small. There is potential for bruising at the injection sites. Pain from bruising could occur. Smokers have less positive response to this treatment than non-smokers, since the toxins in cigarette smoke block response of the stem cells. There may be some variation in achieving the results requested as everyone's body type is different and may have a different response. The introduction of the needles into the skin always presents the possibility of infection, scarring, loss of sensation, or change in muscle strength.

Privacy

Your privacy is protected.

Photographs

I authorize the taking of clinical photographs. I understand photographs will never be shown or used in any way without my consent.

Payment

I understand this is a cosmetic procedure and that payment is my responsibility. I have read the above and understand it. The staff has answered my questions satisfactorily. I accept the risks and complications of the procedure.

BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I HAVE READ AND UNDERSTAND THE "CONSENT, RELEASE AND INDEMNITY AGREEMENT" FOR THIS PROCEDURE, AND THAT I AM SIGNING IT VOLUNTARILY.

First Name

Last Name

Day

Signature

Sign above