Microneedling Facial with PRP consent

The purpose of this informed consent form is to provide written information regarding the risks, benefits and alternatives of the procedure named above. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your healthcare professional prior to signing the consent form.
I read and write in English. **Initial _____**

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 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.

Forseeable Risk and Discomfort
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. I have read and understand all of the possible side effects and complications**. Initial _____**

Photographs

I authorize the taking of clinical photographs/videos and their use for scientific and marketing purposes both in publications and presentations and for recordkeeping. **Initial _____**

Pregnancy, Allergies & Autoimmune diseases

I am not aware that I am pregnant, not lactating (nursing), or have any severe allergies including lidocaine. I do not have any significant autoimmune diseases such as current infections, lupus or porphyria, severe metabolic or systemic disorders, liver disease, abnormal platelet function (blood disorders), or taking immunosupresant, anticoagulation or corticosteriods medications. **Initial ___**

Payment

I understand that this is an "elective" procedure and that payment is my responsibility and is expected at the time of treatment with no fee reimbursement regardless of procedure results. I understand the fee paid is for the procedure and not for an expected result. **Initial _____**

Alternative Procedures

Alternatives to the procedures have been fully explained to me. **Initial _____**

Results

Results are generally visible after 2-4 weeks and continue to improve gradually over ensuing months (3-6) with improvement in texture and tone. 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. Of course all individuals are different so there will be variations from one person to the next. 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. **Initial _____**

My consent and authorization for this elective procedure is strictly voluntary. By signing this informed consent form, I hereby grant authority to practitioner to perform microneedling with Platelet Rich Plasma (PRP) to area(s) discussed during our consultation. I have read this informed consent and certify I understand its contents in full. The procedure has been explained to me. I release the clinic, its medical staff, and specific technicians from liability associated with the procedure.

My questions have been answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also understand that any treatment performed is between me and the healthcare provider who is treating me and I will direct all post-operative questions or concerns to the treating clinician.

I also certify that if I have any changes in my medical history, I will notify the healthcare professional who treated me immediately.

Patient Name (Print)	Patient Signature	Date

I discussed the above risks, benefits and alternative treatments, including no treatment, with the patient. The patient had an opportunity to have all questions answers and has voiced concerns, if any. Post-treatment instructions will be given and explained to patient. The patient has been told to contact my office should they have any questions or concerns after this treatment procedure.

Injector Name (Print)	Injector Signature	Date
Sonya Feskiv		