



Informed Consent Form

Platelet Rich Plasma (PRP)

I, _____, Authorize _____,
and/or a designated practitioner of Dr. Alan Burke – Virginia ENT to perform PRP Injections.

As a concentrated source of autologous platelets, PRP contains several growth factors and other cytokines that stimulate healing of bone and soft tissue. PRP has been used in orthopedics for decades and more recently it has been used for aesthetic purposes in the scalp. PRP has been shown to have overall rejuvenating effects on the scalp as in strengthening existing hair follicles. Blood is drawn from your arm and then spun in a centrifuge to separate the red blood cells and plasma. This platelet rich plasma is then injected into the scalp with the intention of causing regeneration and a mild inflammation reaction, triggering the healing cascade.

Results are generally visible at 3 weeks and continue to improve gradually over the next 3-6 months. Generally, 3-6 initial treatments are advised, however, more may be indicated for some individuals. Current data shows results may last 18-24 months. Once your results are achieved maintenance treatments may be required to maintain your results.

Common Side Effects & Risks

Because PRP is organic and from your own body, risks are rare. Most are related to the injection itself. However, any cosmetic procedure involves a certain amount of risk. Common side effects include (but are not limited to) bleeding, infection, bruising or allergic reactions. Rare side effects include hair shock (temporary hair loss) and damage to deeper structures. Cosmetic treatments may not completely improve or prevent future conditions. There are many variables which influence the long-term result. Additional procedures may be necessary to further enhance results. There is no guarantee on results.

Photography

I do ____ or do NOT ____ consent to photographs and other materials over the course of my therapy be used for medical, marketing, and educational purposes. Although the materials will not contain my name or any other identifying information, I am aware I may or may not be identified by the photos.

☐ I understand this involves payment, and the fee structures have been explained.

☐ I understand there are other options for treatment that are available, which have been explained.

I have read and understood all information presented to me before signing this consent form. The staff gave me the opportunity to answer my questions to my satisfaction. I understand the procedure and accept the risks. I agree to the terms of this agreement.

Patient's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

