Platelet Rich Plasma, also known as "PRP" is an injection treatment whereby a person’s own blood is used. This novel modality is based on the pivotal discovery of platelet-derived growth factor (PDGF) in promoting angiogenesis and signals in cell interactions required for hair canal formation and growth of dermal mesenchyme, thereby opening newer perspectives for PRP in hair restoration and tissue remodeling. A fraction of blood (30cc-50cc) is drawn up from the individual patient into a syringe. This is a relatively small amount compared to blood donation. The blood is double spun in a special centrifuge to separate its components (Red Blood Cells, Platelet Rich Plasma, Platelet Poor Plasma and Buffy Coat) and later concentrate a pure PRP. The pure PRP is then activated with a small amount of calcium chloride, which acts as an activation agent and scaffold to keep the PRP where the injector intends to treat. Platelets are very small cells in your blood that are involved in the clotting and healing process. When PRP is injected into the damaged area, it causes a mild inflammation that triggers the healing cascade. As the platelets organize in the clot, they release a number of enzymes to promote healing and tissue responses including attracting stem cells and growth factors to repair the damaged area. As a result, new collagen begins to develop. As the collagen matures, it begins to shrink, causing the tightening and strengthening of the damaged area. When treating injured or sun and time-damaged tissue, they can induce a remodeling of the tissue to a healthier and younger state. The full procedure takes approximately 45 minutes to an hour. Generally 2-3 treatments are advised, however, more may be necessary for some individuals. Touch-up treatments may be done once a year after the initial group of treatments to boost and maintain the results.

**PRP's SAFETY** has been established for over 20 years for its wound healing properties and its proven effectiveness has extended across multiple medical specialties including cardiovascular surgery, orthopedics, sports medicine, podiatry, ENT, neurosurgery, dental and maxillofacial surgery, urology, dermatology (chronic wound healing), and ophthalmology, cosmetic surgery. PRP's emergence into aesthetics, hair and skin rejuvenation began in 2004 in Europe, Asia, Australia, and South America in countries such as the United Kingdom, Japan, Spain, Portugal, Switzerland, and Argentina to name a few. Areas typically treated for aesthetic purposes and skin rejuvenation include: Crinkling skin around the eyes, cheeks and mid-face, neck, jaw-line, chest and décolletage, back of hands and arms, lips, and to stimulate hair growth on scalp. Almost all skin tones show that PRP is safe and effective because your own enriched plasma is used.

**BENEFITS of PRP**: Along with the benefit of using your own tissue therefore eliminating allergies, there is
the added intrigue of mobilizing your own stem cells for your benefit. PRP has been shown to have overall rejuvenating effects on the skin including: improving skin texture, thickness, fine lines and wrinkles, increasing volume via the increased production of collagen and elastin, by diminishing and improving the appearance of scars, and by increasing hair growth at the follicle (on scalp). Other benefits include: minimal down time, safe with minimal risk, short recovery time, natural looking results; no general anesthesia is required.

**CONTRAINDICATIONS:** PRP used for aesthetic procedures is safe for most individuals between the ages of 18-80. There are very few contraindications, however, patients with the following conditions are not candidates: 1) Acute and Chronic Infections 2) Skin diseases (i.e. SLE, porphyria, allergies) 3) Cancer 4) Chemotherapy treatments 5) Severe metabolic, systemic, immuogenic (HIV) disorders 6) Abnormal blood (Hb <10) and platelet (< 10 K) function (blood disorders, i.e. Hemodynamic Instability, Hypofibrinogenemia, Critical Thrombocytopenia) 7) Chronic Liver Pathology 8) Anti-coagulation therapy, 9) Underlying Sepsis and 10) Systemic use of corticosteroids within two weeks of the procedure. *A medical evaluation with blood tests will be conducted prior to procedure and payments refunded if any contraindications are present.*

**RISKS & COMPLICATIONS:** Some of the Potential Side Effects of Platelet Rich Plasma include: 1) Pain at the injection site; 2) Bleeding, bruising and/or infection as with any type of injection; 3) Short lasting pinkness/redness (flushing) of the skin; 4) Allergic reaction to the solution; 5) Injury to a nerve and/or muscle as with any type of injection; 6) Itching at the injection site(s); 7) Nausea/vomiting; 8) Dizziness or fainting; 9) Temporary blood sugar increase; 10) Swelling; 11) Minimal effect from the treatment.

**ALTERNATIVES to PRP for skin/hair:** Alternatives to PRP are: 1) Do Nothing; 2) Surgical intervention; 3) Injections with neurotoxins for skin; 4) Injections of dermal filling agents for skin; 5) Laser & light based treatments like Pulsed Light; 6) Chemical peels for skin; 7) Laser therapy for hair 8) Cosmetic transdermal reconstruction 9) Micro Grafting

**RESULTS:** Results are generally visible at 4-6 weeks and continue to improve gradually over ensuing months (3-6) with improvement in texture and tone. For purposes of hair restoration, it is recommended that patients have a series of at least three treatments (if using PRP alone). Current data shows results may last 18-24 months. *All individuals are different so there will be variations from one person to the next so results cannot be guaranteed.*

You must stop Aspirin, NSAIDs and Blood Thinners before this procedure: Aspirin, NSAIDs such as alleve, motrin, ibuprofen, naproxen, diclofenac, meloxicam etc should not be taken for 7 days prior and 10 days post procedure. Plavix, Trental, Xaralto, Eloquis or any blood thinner must not be taken for 3-7 days depending of the blood thinner (must have consent/ time frame from prescribing doctor.) Coumadin must be stopped for 5 days prior. NOTE: Your prescribing Medical Physician must fill out a form stating it is safe for you to be off of the Plavix, Coumadin or other medication for this period of time. Please make sure you leave our office with this form. Please get an INR the morning of your procedure and the bring results with you.
CONSENT: My consent and authorization for this elective procedure is strictly voluntary. By signing this informed consent form, I hereby grant authority to the physician/practitioner Dr. ________________________ to perform Platelet Rich Plasma "aka" PRP injections to area(s) discussed during our consultation, for the purpose of aesthetic enhancement, hair and skin rejuvenation. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I agree to adhere to all safety precautions and instructions after the treatment. I have been instructed in and understand post treatment instructions and have been given a written copy of them. I understand that medicine is not an exact science and acknowledge that no guarantee has been given or implied by anyone as to the results that may be obtained by this treatment. I also understand this procedure is "elective" and not covered by insurance and that payment is my responsibility. Any expenses that is incurred for medical care I elect to receive outside of this office, such as, but not limited to dissatisfaction of my treatment outcome will be my sole financial responsibility. Payment in full for all treatments is required at the time of service and is non-refundable.

This procedure is being performed for the intended purpose of my treatment. I recognize that, during the course of the procedures, unforeseen conditions may necessitate additional or different procedures than those explained. I therefore further authorize and request that my physician and any associates, assistants, technicians of his/her choice perform such procedures as are, in their professional judgment, necessary and desirable for my well-being. Among those who attend to patients are medical, nursing, and other health care personnel in training who may be present or provide care as part of their education. I further consent to the administration of such anesthesia as may be necessary or appropriate for such procedures. I understand that the proposed care may involve risks and possibilities of complications and that certain complications have been known to follow the procedure to which I am consenting even when the utmost care, judgment and skill are used. I acknowledge that no guarantees have been made to me as to the results of the procedure and that there are no guarantees against unfavorable results. I also understand that the procedure being performed on me today is considered an investigational treatment or procedure by the Federal Drug Administration. I accept the risks of substantial and serious harm, if any, in hopes of obtaining desired beneficial results of such care and acknowledge that the physicians involved have explained my condition, the proposed health care, and alternative forms of treatment in a satisfactory manner and that all questions asked about the health care and its attendant risks have been answered in a manner satisfactory to me. I agree that still or moving pictures and closed circuit monitoring of patient care may be used for quality assurance or educational purposes, unless I request otherwise.

No of PRP treatments ______________________ Cost: ________________________________

I hereby give my voluntary consent to this PRP (+/- stem cells) procedure and release NMYD, its medical staff, and specific technicians from liability associated with the procedure. I certify that I am an competent adult of at least 18 years of age and am not under the influence of alcohol or drugs. This consent form shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns. I agree that if I should have any questions or concerns regarding my treatment / results I will notify this office at or 212.991.9991 so that timely follow-up and intervention can be provided. I have read and understood this document and authorize and accept the proposed care.

Patient’s Print: ___________________________ Patient’s Signature: ___________________________

Witness Name: ___________________________ Witness Signature: ___________________________

Today’s Date: _____________________________