


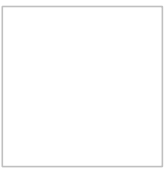
Prp Consent Form

Patient Name	:	adnic adnic	Emirates ID	:	784-7766-4326987-6
File No	:	12	DOB	:	2000-07-04
Gender	:	Male	Doctor's Name	:	dermatology derma
			Date	:	2024-02-23

PRP (Platelet Rich Plasma) is a natural product derived from you own body used to help tissue heal and grow new cells. PRP is processed from a small sample of your blood to produce a plasma that is rich in platelets. The plasma is applied topically, injected or a combination of both to help the tissue heal and regenerate new cells for increased elasticity and improved skin tone. While lines and wrinkles soften and recede. The regenerative process resulting from PRP is used an excellent combination treatment for acne and scar revision.

- I hereby request and authorized the use of PRP and understand this procedure require a simple blood draw.
- The details of the procedure have been explained to me.
- I understand PRP involves a series of treatment to achieve optimum results and the fee structure has been fully explained.
- I understand the effects of this treatment are gradual as the healing process of platelets and growth factor stimulate a stem cell response that naturally helps collagen regenerate over time.
- I understand with any facial injections it is unlikely, but possible, small blood vessels could be broken which could result in temporary swelling, bruising, redness and soreness.
- I understand any injection carries a minimal but potential risk of infection.
- I have no muscle or nerve condition.
- I have not had chemotherapy or radiation treatments within the last 12 months.
- I have not used Accutane (Isotretinoin) in the past 12 months.
- I am not currently pregnant or breastfeeding.
- I am aware that the PRP treatment is not permanent as natural degradation will occur overtime.

I am fully aware that the decision to proceed is based solely on my expressed desire to do so. I understand the procedure, risk, benefits and alternatives

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name adnic adnic Date 2024-02-23	Doctor Name dermatology derma - Dermatology (0) Date 2024-02-23