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PLATELET RICH PLASMA (PRP) / ACELL CONSENT FORM

Name: _____

Date of Birth _____

Have you ever been told that you suffer from a suspected to suffer from: platelet dysfunction syndrome, critical thrombocytopenia, hypofibrinogenemia, haemodynamic instability, sepsis, chronic liver disease, hepatitis, or any acute/chronic infections?

If yes please explain: _____

Are you currently taking any of the following medications: Aspirin, Anti-inflammatory (Nurofen, Voltaren, Diclofenac, Naproxen, Ibuprofen etc.), garlic, vitamin E, or fish oil?

If yes please explain: _____

Last date you took them? _____

Procedure Description

During this treatment we will collect 30-60mls of your own blood. Then we will spin your blood in a centrifuge, which separates out plasma and platelets via a special filter. The PRP portion of your blood is then injected backed into your skin to stimulate new collagen, hair cell growth, and cell rejuvenation. The product injected is 100% a by-product of your own blood (autologous).

ACell produces extracellular matrix (ECM), the by-product of porcine urinary bladder tissue that has proven regenerative properties. The product is stripped of all cells, as well as muscle tissue, to prevent graft-versus-host reactions (allergic reactions) when introduced in humans.

ACell's ECM also provides growth factors and proteins necessary for tissue regeneration and sets up a temporary non-cross-linked scaffolding for the tissue reconstruction that mimics the surrounding healthy-but-damaged tissue. This scaffolding contains and slowly releases growth factors (VEGF etc.). The scaffold is metabolized allowing the healing and regeneration to be carried out by one's own cells and tissue.

Anesthetic used: topical cream/Lidocaine 2% injections.

Side Effects: you will likely experience mild-to-moderate swelling of the treated area that can last for up to 48 hours after treatment. You may notice a tingling sensation while the cells are being activated. In rare cases skin infection may occur, which is easily treated with an antibiotic.

Contraindications

You should not have PRP treatment if you have any of the following.

- **Skin conditions and diseases including:**
 - Facial cancer (past or present), which includes basal cell carcinoma, squamous cell carcinoma, and melanoma
 - Dermatologic diseases affecting the face (e.g., Porphyria)
- **These other health conditions**
 - Systemic cancer
 - Blood disorders
 - Platelet abnormalities
- **These system-compromising therapies**
 - Chemotherapy
 - Steroid therapy
 - Any anticoagulation therapy (e.g., warfarin)

I, _____, understand that due to the natural variation in quality of Platelet Rich Plasma (PRP) results will vary between individuals. I understand that although I may see changes after my first treatment, I may require a series of up-to-3 sessions to obtain my desired outcome. The procedure and side effects have been explained to me.

I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and, therefore, there can be no guarantee – expressed or implied – as to the success or other results of the treatment.

I am aware that the PRP treatment is not permanent because natural degeneration will occur over time. As a result, maintenance treatments may be advised.

I, _____, authorize, Aleksandr Benji FNP-BC to perform injection of PRP (Platelet Rich Plasma).

This consent is valid for 3 PRP applications from the date of the first treatment, after which time I may be asked to complete a new form.

I state that I have read and I understand this consent and I understand the information contained in it. I have had the opportunity to ask all my questions about treatment, including risks and benefits. I acknowledge that all my questions have been answered in a satisfactory manner.

PATIENT SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____