

Bioregenerative Face and Scalp Treatments

Informed Consent for Aesthetic Applications and Skin Rejuvenation

Bioregenerative Face and Scalp Treatments or also known as “PRP” is an injection treatment whereby a person's own blood is used. A fraction of blood (20cc-55cc) is drawn up from the individual patient into a syringe. This is a relatively small amount compared to blood donation which removes 500cc. The blood is spun down in a special centrifuge (according to standard Harvest Techniques) to separate its components (Red Blood Cells, Bioregenerative Face and Scalp Treatments, and Plasma). The platelet rich plasma is first separated then activated with a small amount of calcium to allow the release of growth factors from the platelets which in turn amplifies the healing process. PRP is then injected into the area to be treated. Platelets are very small cells in your blood that are involved in the clotting 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 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 - 1 hr. Generally 2-3 treatments are advised, however, more may be indicated for some individuals. Touch up treatment may be done once a year after the initial group of treatments to boost and maintain the results.

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 as in: improving skin texture, fine lines and wrinkles, increasing volume via the increased production of collagen and elastin, and by diminishing and improving the appearance of scars. Other benefits: 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 25-80. 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 3) Chemotherapy 4) Severe metabolic and systemic disorders 5) Abnormal platelet function (blood disorders, i.e. Haemodynamic Instability, Hypofibrinogenaemia, Critical Thrombocytopenia) 6) Chronic Liver Pathology 7) Anti-coagulation therapy 8) Underlying Sepsis 9) Systemic use of corticosteroids within two weeks of the procedure, and 10) pregnant or breastfeeding

RISKS & COMPLICATIONS: I have been informed that some of the Side Effects of Bioregenerative Face and Scalp Treatments include: **1) Pain or itching at the injection site 2) Bleeding, Bruising, Swelling and/or Infection 3) Short lasting pinkness/redness (flushing) of the skin 4) Allergic reaction to the solution 5) Injury to a nerve and/or muscle 6) Nausea/Vomiting 7) Dizziness or fainting 8) Temporary blood sugar increase**

RESULTS: Results are generally visible at 3 weeks and continue to improve gradually over the next 3-6 months 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. Current data shows results may last 18-24 months. Of course all individuals are different so there will be variations from one person to the next.

PHOTOGRAPHS: I authorize the taking of clinical photographs for historical, training, and/or promotional purposes. I understand confidentiality will be maintained.

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 to perform Bioregenerative Face and Scalp Treatments "aka" PRP injections to area (s) discussed during our consultation, for the purpose aesthetic enhancement and skin rejuvenation. I have read this informed consent and certify I understand its contents in full. 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 which may be 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. I hereby give my voluntary consent to this PRP procedure and release Zeiter Eye Ambulatory Surgery Center and Zeiter Eye Medical Group staff, and specific technicians from liability associated with the procedure. I certify that I am a 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, if I should I have any questions or concerns regarding my treatment / results I will notify this office at 209-461-2172 and/or Dr. Kimberly Cockerham at Cell 650-804-9270 immediately so that timely follow-up and intervention can be provided.

Patient Name (print)	Patient Signature	Date
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Witness Name (print)	Witness Signature	Date
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Physician Signature (print)	Physician Signature	Date
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