

Patient Consent

ANGEL (PRP)

Patient Information

Date Full Name

Please read and sign. If you have any questions please ask your clinician

A small sample of your blood (approximately 60-120mls]), is processed in a highly specialised, state of the art Cytomedix Angel system, specifically designed to extract the Platelet Rich Plasma (PRP) in a safe, clinical manner. Platelet Rich Plasma (PRP) is injected or applied in combination therapies.

Platelet Rich Plasma contains high levels of tissue growth factors and regeneration factors, which are vital for skin rejuvenation and repair. Platelet Rich Plasma is increasingly being recognised by specialist clinicians as a useful natural intervention to aid tissue growth, collagen stimulation and hair growth.

Platelet Rich Plasma is your own unique (autologous) tissue which you use to repair and improve your skin tissue. Platelet Rich Plasma has been used in hundreds of thousands of procedures around the world for over 30 years, predominantly in maxillo-facial, orthopaedic and cardiac surgery. More recently, PRP therapy has been used successfully in advanced wound care treatment and increasingly for skin rejuvenation as an alternative to foreign substance injections like wrinkle relaxers and dermal fillers. Slight swelling, redness and bruising may be present after the procedure but this is normal and temporary, and your clinician will provide you with appropriate care instructions.

The Platelet Rich Plasma is processed under exacting clinical standards which all clinicians must adhere to when working with blood products, and the processing of the blood is at 'point of care', next to the patient.

Each person is unique and the response to intra-dermal injections will vary, though adverse reactions are rare. Your clinician may use a topical anaesthetic before injecting the Platelet Rich Plasma (PRP). You may feel a 'tingling' sensation after the procedure and there may be redness, slight swelling and bruising. These symptoms will disappear. Please discuss this with your clinician.

By signing the bottom of this page I hereby acknowledge the following:

1. That I have discussed the nature of my condition, the contemplated procedure (PRP), the general nature of the proposed treatment and the circumstances and basis upon which I have made a request for proposed treatment.
2. The nature of the procedure itself has been explained to me, as well as alternative methods available and any disadvantages and advantages of one method over another.
3. That the prospects for success and likely benefits of such treatment have been fully discussed with me to my satisfaction.
4. The possible risks of this treatment have been thoroughly discussed with me to my satisfaction, and that I have been told that the possible risks of this treatment include but are not limited to minimal results, infection, the need for possible further treatment and swelling.
5. I have been advised that there may be other particular risks associated with the procedure because of my medical condition(s); including (insert risks below, if any):

Patient Signature

Date

Clinician Signature

Date