



## Platelet Rich Plasma (PRP)

### Consent for Phlebotomy and Platelet Rich Plasma Development

\_\_\_\_\_

Patient Name

\_\_\_\_\_

Date

\_\_\_\_\_ After careful examination of my condition, my surgeon has recommended the use of Platelet Rich Plasma (PRP) to enhance postoperative healing. PRP is a component of my own blood that contains growth factors. These growth factors are known to stimulate soft tissue healing. I understand that PRP is processed from my own blood and is therefore safe from disease transmission.

\_\_\_\_\_ I understand that in order to process PRP there will be a 20ml blood draw using an aseptic technique. My blood will be processed, activated and added to the surgical site. To activate PRP my blood is mixed with calcium chloride and thrombin.

\_\_\_\_\_ I have been fully informed about the use of PRP, the procedure to be utilized for development, the risks, benefits and alternatives. I have had an opportunity to ask questions and to discuss any concerns with my surgeon. After thorough deliberation, I hereby fully consent to the PRP process.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

Doctor Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_