LIFE*MOD LLC: REGENERATIVE ORTHOPEDICS PLATELET RICH PLASMA (PRP) INFORMED CONSENT

PRP INFORMED CONSENT:

Platelet Rich Plasma, also known as "PRP" is an injection treatment whereby a person's own blood is used. A fraction of the blood (20cc) is drawn up from the individual patient into a syringe. This is a relatively small amount compared to blood donation which can remove upwards of 500cc. The blood is spun in a special centrifuge to separate its components (red blood cells, platelet rich plasma, platelet poor plasma and buffy coat). The platelet rich plasma and buffy coat is first separated and combined then activated with a small amount of calcium chloride which acts as an activation agent and scaffold to keep the PRP where the injector intends to treat. When PRP is injected into the damaged area, it causes a mild inflammation that triggers the healing cascade. As the platelets organize in the treatment/injected area they release a number of enzymes to promote healing and tissue responses including attracting stem cells and growth factors to repair the damaged area. As a result, collagen, ligament and muscle tissue begin to develop in the injured area. As time goes on, remodeling of tissues occurs and healing and repair take place.

The full procedure should not take more than 45 minutes to an hour.

PRP's safety has been established for over 20 years for its wound healing properties and its proven effectiveness has extended across multiple medical specialties including cardiovascular surgery, orthopedics, sports medicine, dermatology, podiatry, ENT, neurosurgery and ophthalmology.

Contraindications to PRP surgery/procedure include: 1. Acute and chronic infections 2. Skin diseases such as SLE 3. Cancer or on cancer treatment 4. Severe metabolic disorders 5. Chronic liver injury 6. Anti-coagulation therapy 7. Underlying sepsis

Risks & Complications: Some of the potential side effects of PRP include: 1) pain at the injection site; 2) bleeding, bruising and/or infection as with any type of surgery/injection; 3) short lasting pinkness/redness/inflammation at site of injection; 4) allergic reaction; 5) injury to the nerve and/or muscle; 6) itchiness at site or generalized over the body; 7) nausea and/or vomiting; 8)dizziness or fainting and 9) swelling

Alternatives to PRP: 1) do nothing; 2) Surgical intervention; 3) other regenerative treatments with stem cells, placental cells or fat cells

Results: are generally visible at 4 weeks and continue to improve gradually over 3 to 6 months with improvement of pain and range of motion. Sometimes, a 2nd PRP injection may be required depending on many factors including the severity of the injury, post-injection care etc.

Photographs: I authorize the taking of clinical photographs and their use for scientific and educational publications and presentations. I understand that my identity will be protected.

Consent: My consent and authorization for this elective procedure/surgery is strictly voluntary. If under 18 years of age, my guardian(s) is signing and giving consent as well. By signing this informed consent form, I hereby grant authority to the physician to perform Platelet Rich Plasma injections to the area(s) discussed during our consultation. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. 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 agreement. I also understand that this procedure is "elective" and not covered by insurance and that payment is my sole responsibility. Payment in full for all treatments is required at the time of service and is non-refundable.

I certify that I am a competent adult of at least 18 years of age and if I am not I need a guardian to sign/consent on my behalf. I also certify that I am not under the influence of alcohol or drugs. I agree that if I should have any questions or concerns regarding my treatment/results, I will notify this office at 855-710-5433 and/or provider immediately so that timely follow-up and intervention can be provided.

Patient Name (print)	Patient Signature	Date
Witness Name (print)	Witness Signature	Date
Physician Name (print)	Physician Signature	Date
Lot Number:	Expiration Date:	