



Anti-Aging and Wellness MedicalTM

Elite Wellness Beyond Borders.

Louisville | Tampa | Costa Rica | Mexico | Panama

CONSENT FOR PHLEBOTOMY AND PLATELET RICH PLASMA DEVELOPMENT

After careful examination of my condition, my physician, surgeon or nurse practitioner has recommended the use of Platelet Rich Plasma (PRP) to help healing and/or basic tissue regeneration. PRP is a component of my own blood that contains growth factors. These growth factors are known to stimulate bone and 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 30mL-60mL blood draw using an aseptic technique. My blood will be processed in an FDA approved device for PRP, then activated and added to the procedure 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 the medical practitioner(s). After thorough deliberation, I hereby fully consent to the PRP process.

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

Client Signature

Date

Provider Signature

Date