Informed Consent: PRP Microneedling

Platelet-Rich Plasma / "Vampire Facial"

Client name: _____ DOB: _____ Date: _____

ABOUT THE PROCEDURE

A small sample of my own blood is drawn and separated in a centrifuge to concentrate the platelets. The resulting platelet-rich plasma (PRP) is applied to the skin during or after microneedling (and/or injected, where within the provider's scope) to support healing and collagen. I understand the blood draw is performed by a qualified, appropriately licensed person.

Initials ___

Blood safety: I understand that only my own blood is used, and that **single-use, sterile needles and equipment** are used and not shared between clients. Proper sterile technique is essential to prevent infection and blood-borne transmission.

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REALISTIC EXPECTATIONS

Results vary. Improvement in tone, texture, and firmness develops gradually over weeks, usually across a series; PRP results may last up to about a year and typically need to be repeated. The goal is improvement, not perfection. Results are not permanent and none is guaranteed.

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RISKS & POSSIBLE SIDE EFFECTS

From the **blood draw**: bruising, bleeding, discomfort, lightheadedness or fainting, and (rarely) infection or nerve irritation at the draw site. From the **microneedling / PRP**: redness, swelling, bruising, pinpoint bleeding, and less commonly infection, prolonged redness, pigmentation change, allergic reaction, or scarring. **If PRP is injected** (where within the provider's scope): additional risks include lumpiness or visible raised areas, asymmetry, over- or under-correction, damage to deeper structures, and, very rarely, accidental injection into a blood vessel causing tissue injury; isolated cases of vision loss have been reported with facial injections. No guarantee of results.

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CONTRAINDICATIONS: PLEASE DISCLOSE. TREATMENT MAY BE DECLINED IF ANY APPLY

- ☐ Pregnant or nursing
- ☐ Blood or platelet disorder, low platelet count
- ☐ Anticoagulant / blood-thinner therapy
- ☐ Active blood-borne infection or systemic infection
- ☐ Active cancer, chemotherapy, or immunosuppression
- ☐ Active acne, cold sore, or skin infection in the area
- ☐ History of keloid or hypertrophic scarring
- ☐ Anemia or recent significant blood loss
- ☐ Isotretinoin (Accutane) within the past 6 to 12 months
- ☐ Uncontrolled diabetes or poor wound healing

I confirm the above are accurate and have disclosed all relevant conditions and medications.

Initials ___

CONSENT

The blood draw, the procedure, its risks, and alternatives (including no treatment) have been explained. No guarantee of results is expressed or implied. This is an elective, non-refundable treatment. I have read and understand this form, my questions were answered, and I consent to the blood draw and treatment. This consent is valid until revoked by me in writing.