PRF / PRP TOPICAL APPLICATION FOR CORRECTIVE TREATMENT ENHANCEMENT AFTERCARE AND CONSENT FORM

Procedural Description

The **topical application of PRP (Platelet-Rich Plasma) or PRF (Platelet-Rich Fibrin)** utilizes your body's own regenerative properties to enhance skin rejuvenation, collagen remodeling, and wound healing. Both PRP and PRF are derived from your own blood and are rich in growth factors, cytokines, and platelets, which naturally stimulate the skin's healing and renewal processes.

- **PRP** is created by centrifuging blood at higher speeds, resulting in a high concentration of platelets and growth factors in the plasma. This concentrated blend provides a rapid release of growth factors, delivering immediate support for tissue repair and cell regeneration.
- **PRF**, by contrast, is processed at lower centrifugation speeds without any additives. This preserves a fibrin matrix that entraps platelets, leukocytes, and stem cells, allowing for a slower, more sustained release of growth factors over time, which may be advantageous for sustained tissue regeneration. This gradual release enhances the healing process, offering prolonged benefits for tissue regeneration and collagen production.

This topical treatment can be applied as an add-on to microneedling and skin resurfacing procedures to optimize results, reduce recovery time, and provide a natural boost in skin texture, hydration, and radiance. Clients may choose between PRP and PRF based on their skin goals and preference for either rapid or sustained release of growth factors.

Treatment Expectations

When applied topically, PRF or PRP works synergistically with other treatments to enhance skin rejuvenation and promote a faster healing response. Common results include improved skin texture, radiance, and a reduction in fine lines over time. A series of treatments may be recommended based on individual skin goals and conditions.

Pre-Treatment Instructions

- **Hydrate**: Drink plenty of water the day before and on the day of your appointment.
- **Avoid Certain Medications**: Refrain from using blood-thinning medications (e.g., aspirin, ibuprofen) 3-7 days prior to treatment unless otherwise directed by your provider.
- **Avoid Alcohol**: Reduce alcohol intake 24 hours before treatment, as it may increase bruising.
- **Arrive with Clean Skin**: Please arrive with no makeup or skincare products on the treatment area to ensure optimal application.

Post-Treatment Instructions

- **Minimize Sun Exposure**: Avoid direct sun exposure and apply SPF daily to protect the treated areas.
- **Avoid Makeup and Skincare Products**: Refrain from using makeup, retinoids, or exfoliants on treated areas for at least 24 hours post-treatment.
- **Stay Hydrated**: Drink plenty of water to support the body's healing response.
- **Cold Compress**: If mild swelling or redness occurs, apply a cold compress to the treated area for relief.

Acknowledgement of Risks and Side Effects

While PRF and PRP are generally safe and minimally invasive, there are some potential risks and side effects, including:

- **Redness and Swelling**: Temporary redness, swelling, or mild irritation at the treatment area is common and usually resolves within 1-2 days.
- **Bruising**: Minor bruising may occur, especially if combined with microneedling or resurfacing.
- **Itching or Discomfort**: Some clients may experience mild itching or tenderness as the skin heals.
- **Infection**: Although rare, there is a slight risk of infection, which can be minimized by following post-care instructions carefully.
- **Unsatisfactory Results**: Results can vary based on individual skin type and conditions, and multiple sessions may be needed to achieve desired outcomes.

Consent to Clinical Photography

For medical documentation and to track treatment progress, photographs of the treated area may be taken before and after your procedure. These images are confidential and will be used solely for clinical records and treatment evaluation. They will not be used for marketing or educational purposes without your explicit, separate consent.

Financial Responsibility

This treatment is elective and not covered by insurance. By signing below, you accept full financial responsibility for the cost of the treatment and any related follow-up care. Refunds are not provided for elective procedures.

CONSENT CONFIRMATION

By signing below, I confirm that I have read and understood the information provided in this consent form. I am aware of the potential risks, benefits, and expected results of the topical application of PRF or PRP and agree to proceed. I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____