CONSENT-PLATELET RICH PLASMA (PRP)

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Consent- Platelet Rich Plasma (PRP) INFORMED CONSENT INTRODUCTION

Thank you for choosing Advanced Dermatology for your cosmetic skincare treatments. We value the opportunity to consult you on your aesthetic concerns and desires in the effort to promote healthy youthful skin.

Cosmetic treatments (injectable and laser, light or other energy-based therapy) are procedures that have both benefits and risks that need to be considered. A series of documents called Informed Consents have been prepared for you by Advanced Dermatology, LLC to help you make an informed decision. Informed Consent documents are used to communicate information about treatments, along with disclosure of risk and alternative treatment(s). It is important that you read these documents carefully and completely. Only when you have no questions or concerns do you initial each page, indicating that you have read and fully understand all the items it discusses. When you arrive at the end of the document, please sign the consent for the procedure. If you have any remaining questions or concerns, do not sign the consent until getting these questions answered by Dr. Taub, one of her staff members or Advanced Dermatology's Cosmetic Coordinator at 847-459-6400.

FINANCIAL RESPONSIBILTY: All cosmetic, injectable and laser, light or other energy-based treatments are considered a cosmetic procedure and therefore not covered by insurance. We will not submit these treatments to your insurance and require that you pay at the time of service. You will receive Financial Protocols for each treatment that is recommended for you that are valid for 90 days from the date of our recommendation. Should the price change after 90 days you would be responsible for any increase in cost.

WHO WILL PERFORM MY TREATMENTS: We have a variety of highly skilled providers for each of our services. Amy Taub, MD, Anne Marie Leger, MD, Monika Kaniszewska, MD, Emily Oehler, PA-C, Steven Prus, PA-C, Ann Cameron Schieber, PA-C, Jessica Dooley, PA-C, Elana Block, MSN, RN, Alla Molchanov, Lic. Cosm., Emily Jamieson, Lic. Esth. (LE), Rachel Walker, LE, Nicole McNellis, LE, Alyssa Conner, LE, and Brittany Hartnett, Lisc. Cosm. all perform cosmetic treatments at Advanced Dermatology. All providers at Advanced Dermatology have been specifically trained by Dr. Taub and are all licensed professionals in the state of Illinois. Dr. Taub reviews and approves every treatment performed at Advanced Dermatology. Dr. Taub is a board-certified dermatologist with over 20 years in practice and is Medical Director and Founder of Advanced Dermatology. We have taken great measures to ensure that your treatment is performed safely and effectively. We attend national meetings frequently to keep updated on the latest, best and safest techniques and remain at the forefront of cosmetic dermatology.

DISCLAIMER: What your Physician, Physician Assistant, Laser Provider, Esthetician, Cosmetologist, and/or Cosmetic Coordinator have discussed with you and included again in these documents are the material risks, both common and uncommon, that they feel a reasonable person would want to know, understand, and consider in deciding if this treatment is something they would like to proceed with. Some risks cannot be foreseen. It is important that you read the information contained in each consent document and have all your questions answered before signing the consent. Questions and concerns can be answered in the office through a consultation appointment or by calling 847-459-6400.

INTRODUCTION:

Selphyl PRP™ is a system that allows medical providers to prepare platelet-rich plasma to inject into hair follicles to stimulate growth and other areas of the body to improve healing.Platelets are well known to release numerous growth

factors that respond to tissue injury and initiate and promote the conditions for growth and healing.

The treatment involves the collection of you blood (approximately 11-22ml), then your blood is spun down using a centrifuge to separate out the plasma and platelet portion. The PRP portion of your blood is then injected into the scalp to stimulate hair follicles to grow or into other areas of the body to improve healing.

ALTERNATIVE TREATMENT: Prescription hair loss medications, cosmetic hair loss treatment, medical hair loss treatment, hair transplants, wigs.

WHO IS A GOOD CANDIDATE: Anyone who is looking to improve hair loss that could be expected to improve with this treatment and understands the risks, costs and time necessary to achieve the full benefit of the procedure and who has realistic expectations of the ultimate outcome.

WHO IS NOT A GOOD CANDIDATE: You should not have treatment if you have scalp cancer including SCC, BCC and melanoma that is existing or uncured, systemic cancer, chemotherapy, oral steroid therapy, dermatological diseases affecting the scalp, bleeding disorders (i.e. porphyria), blood disorders and platelets abnormalities, anticoagulation therapy (i.e. warfarin, coumadin, etc.).
Also if your immune system is suppressed for any reason, this treatment is not a good alternative for you.

RISKS: Every medical procedure involves a certain amount of risk and it is important that you understand the risks involved with Selphyl PRP™.

Swelling: You will likely experience mild to moderate swelling of the treated area that will last for about 12-24 hours. Ice or cold compresses can be applied to reduce swelling if required.

Tingling Sensation: You may notice a tingling sensation while the cells are being activated.

Infection: In rare cases skin infection may occur and can be treated with an antibiotic.

Lack of treatment response: There is a possibility that the targeted hairs will not respond to the treatment. This is often a function of the specific body chemistry of the patient and the severity of hair loss.

Pain/Bruising: This treatment involves drawing blood and injecting serum into the scalp. Any time a needle is used on the skin, discomfort and bruising can occur.

MULTIPLE TREATMENTS AND MAINTENANCE TREATMENTS: Improvement in hair growth will be seen through a series of treatments scheduled one month apart. Although in some patients the results from a treatment are seen immediately, in most patients they will appear gradually during 3-5 treatments.

The total number of treatments needed is variable and can be further discussed with your provider. Maintenance treatments may be necessary for continuation of result; the number and timing may be individual.

PATIENT SATISFACTION: Most of our patients/clients have been happy with their results, although results are variable and we cannot provide you with any guarantee of your results.

POST TREATMENT CARE: Follow the instructions given to you by your provider and on the post-op info sheet. Failure to do so may results in sub-optimal results or side effects such as listed above.

Please do not touch the equipment while in the room. Medical equipment is dangerous and a misfire could cause skin or eye damage that is permanent.

CONSENT FOR PROCEDURE

I have read all pages contained in this document and hereby authorize the following medical provider(s): Amy Taub, MD, Anne Marie Leger, MD, Monika Kaniszewska, MD, Emily Oehler, PA-C, Steven Prus, PA-C, Ann Cameron Schieber, PA-C, Jessica Dooley, PA-C, Elana Block, MSN, RN, Alla Molchanov, Lic. Cosm., Emily Jamieson, Lic. Esth. (LE), Rachel Walker, LE, Nicole McNellis, LE, Alyssa Conner, LE, and Brittany Hartnett, Lisc. Cosm. to perform the following procedure: Platelet Rich Plasma (PRP)

I recognize that during the course of the procedure unforeseen conditions may necessitate different procedures than those described above. I therefore authorize the provider(s) to perform such other procedure that are in the exercise of his or her professional judgment necessary and desirable.

I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

I consent to photography use for medical, scientific, and/or educational purposes for the appropriate portion of the face and/or body.

For purposes of advancing medical education, I consent to the admittance of observers to the procedure.

IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
-THE ABOVE PROCEDURE TO BE UNDERTAKEN
-THERE MAY BE ALTERNATIVE PREOCEDURES OR METHODS OF TREATMENT
-THERE ARE RISKS TO THE PROCEDURE PROPOSED
-ANY QUESTIONS I MAY HAVE ASKED HAVE BEEN ANSWERED TO MY SATISFACTION.

My Physician discussed my procedure, I understand the risks and benefits of the procedure have read the consent form I understand and I received a copy. I agree.