

PRP DERMAL NEEDLING PROCEDURE

What is a PRP Dermal Needling procedure?

The procedure uses your own blood which contains Platelet Rich Plasma, PRP. Platelet Rich Plasma contain growth factors that will stimulate fibrin-collagen that are the building blocks for skin.

Venipuncture will be done to draw your blood. Your blood will then be separated by a centrifuge machine which will separate your Plasma from your RBC. The amount of tubes filled will depend on the treated area(s), normally from 1 to 8 tubes of blood.

Dermal needling will be done while applying PRP to your face and or other skin areas. Dermal needling uses fine gauge needles to create micro channels on the treated areas of the face, scalp or other specified body areas. Micro needling is 'Class I' FDA-approved supplemental medical device that is ideal for non-surgical and non-ablative treatment of various skin conditions such as aging (wrinkles, stretching), scarring (acne, surgical), and hyperpigmentation.

Prior to the treatment, you will wash your face and then numbing cream will be applied and saran wrap will be place over the numbing cream. Saran wrap is used to encourage numbing cream absorption. Once 20-30 min has passed, PRP DM will be initiated. Minimal discomfort will be experienced especially around the nose and upper lip.

I understand that multiple treatments are necessary to achieve desired results. Lasting and more significant results will start occurring after 2 to 3 treatments (spaced 2-3 weeks apart). Your skin will continue to improve over the next 6-12 months after a course of treatments and when combined with the recommended post treatment care. There is no guarantee, warranty, or assurance has been made to the results that may be obtained. **Clinical results will vary per patient.** I agree to adhere to all safety precautions and regulations during the treatment. No refunds will be given for treatments received.

Possible Side Effects can include but are not limited to: Allergic reaction or infection, bleeding, tenderness or pain, redness, bruising, scarring, lumps, bumps or swelling.

Please let us know of any allergies and allergies to metals and lidocaine or an history of asthma, hay fever, or eczema as any of these issues may increase risk of allergic reaction.

I have read and understand the Pre and Post-Treatment Instructions. I agree to follow these instructions carefully. I understand that compliance with recommended pre- and post- procedure guidelines are crucial for healing, prevention of side effects and complications as listed above.

The nature and purpose of the treatment have been explained to me. I have read and understand this agreement. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative methods of treatment and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment.

I hereby authorize Marivic Robinson, RN to perform the PRP Dermal needling procedure and venipuncture to be performed on me.

Patient's Signature: _____ Witness _____ Date: _____

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