



PLATELET RICH PLASMA (PRP) CONSENT FORM

I, _____ have been advised and consulted about the injection techniques of Reconstructive Injection Therapy also known as Prolotherapy.

I have been advised that Platelet Rich Plasma is an established treatment technique used to tighten and strengthen weak and damaged ligaments and tendons which are believed to cause pain and instability. It is also used to decrease pain and improved function in some forms of arthritis. The technique requires the injection of Platelet Rich Plasma derived from my own blood, according to standard Harvest Techniques. The sight of the injection is where the ligament or tendon attaches to the bone, at the joint capsule or inside the joint.

I have been informed that the procedure has been used on many patients and has been proven safe. The procedures may initially increase my painful area or reproduce my symptoms for one to three days (and occasionally as long as ten days) and then may decrease my pain complaints, but may not completely eradicate them. I understand some insurance companies have determined this treatment to be experimental due to the lack of large research studies in the scientific literature.

I understand the BENEFITS of the procedure are improved or resolved pain and improved function.

I have been informed of that the ALTERNATIVE to Platelet Rich Plasma are:

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| 1. Do nothing | 3. Acupuncture may afford some relief |
| 2. Injections with steroids may also be helpful, but usually do not give long lasting results. | 4. Surgical intervention may be a possibility |
| | 5. Manipulation may be helpful in temporary pain relief |

I have been informed that the RISKS and COMPLICATIONS of Platelet Rich Plasma are:

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|----------------------------------------------|-----------------------------------------------------------------|
| 1. Allergic reaction to the solution | 11. Nausea/vomiting |
| 2. Bleeding | 12. Pneumothorax (collapsed lung) when injecting near the lungs |
| 3. Bruising | 13. Spinal cord injury during back injections |
| 4. Death from complications of the treatment | 14. Stiffness in the injection join |
| 5. Dizziness or fainting | 15. Swelling after joint injections |
| 6. Headache during back injections | 16. There may be no effect from the treatment |
| 7. Immediate pain at the injection site | 17. Temporary blood sugar increase |
| 8. Infection from the injection | 18. Temporary or permanent nerve paralysis |
| 9. Injury to the nerve and/or muscle | |
| 10. Itching at the injection site | |

I have been informed that the risks of NO Platelet Rich Plasma are:

- No relief of pain
- Continued instability of the damaged joint of ligament and probable worsening of the painful condition

I understand this procedure is usually not covered by insurance and I am responsible for the total charge myself.

I CONSENT TO THE TREATMENT OR PROCEDURE OF PLATELET RICH PLASMA (PRP)

SIGNATURE _____ **DATE** _____
WITNESS _____ **DATE** _____