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## Platelet Rich Plasma (PRP)/Microneedling Informed Consent for Treatment

I, \_\_\_\_\_ hereby consent to the above mentioned procedure to be performed by Megan Davies, FNP-BC and/or her designee.

Procedure: Platelet Rich Plasma injections may be performed separate or in conjunction with microneedling. Maximum benefit is received when performing these procedures in conjunction, over a series of sessions. A collection of your blood is taken and spun using a centrifuge. The platelet portion is separated by a special filter. The PRP portion is then used either topically using tiny puncture points created by the micropen or by injection. The micropen stimulates your bodies own natural production of collagen.

### Contraindications:

Please check if you currently have or have had in the past any of the following conditions:

- Facial cancer, porphyria, communicable diseases, blood disorders, anticoagulation therapy, chronic liver disease, hepatitis, autoimmune disorder
- Please answer- Yes or No

\* these conditions can be discussed with your healthcare provider to determine if you are still a candidate

PRP/Microneedling is generally a safe procedure however possible side effects of this include but are not limited to:

- Skin Infection
- Swelling, bruising, redness, pain at the injection site
- Scar formation
- Nerve injury
- I attest that alternatives have been discussed with me, including no treatment at all. I understand that this procedure is elective and cosmetic in nature.
- I understand that usually a series of treatments are necessary in order to achieve results. This will be discussed with me at my consultation. General recommendations are 3-5 treatments spaced 4-6 weeks apart.
- I understand individual results may vary and that no refunds will be given if I do not achieve an ideal outcome. No guarantees are made on this service.
- I attest that I am not pregnant.
- I understand results are not permanent and periodic treatments may be necessary.
- I have been provided aftercare procedures and I agree to adhere to these procedures.

By signing this consent form I am agreeing to be treated with Asclera (Polidoconal) and have read the form in its entirety. I also release Megan Davies, whomever she designates and Desert Holistic Health PLLC from any responsibility associated with the side effects mentioned above as well as any effects caused by my failure to adhere to proper aftercare instructions.

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Patient Signature

Date