BERNSTEIN MEDICAL

110 East 55th Street, New York, NY 10022 212-826-6200

Platelet Rich Plasma (PRP) Treatment for Hair Loss

Platelet Rich Plasma (PRP) is an injection treatment that uses the components of a person's own blood to stimulate hair growth. Platelets are very small cells in your blood that are involved in the clotting process. When PRP is injected into the damaged area it causes a mild inflammation that triggers the healing cascade. As the platelets organize in the tissue they release a number of enzymes to promote healing and restoration of tissue. They have also been shown anecdotally to promote hair growth.

Method

A small quantity of blood (25cc-55cc) is drawn from the patient into a syringe. This is a relatively small amount compared to blood donation which removes approximately 500cc. The blood is spun in a special centrifuge (according to standard Harvest Techniques) to separate its components (Red Blood Cells, Platelet Rich Plasma, and Plasma). The platelet rich plasma is separated from the rest of the blood and then activated with a small amount of calcium to allow the release of growth factors from the platelets which in turn amplifies the healing process. Following the administration of local anesthesia (xylocaine), PRP is then injected directly into thinning areas of the scalp.

Treatment Schedule

1st Rx 2nd Rx at 6 weeks 3rd Rx at 3 months 4th Rx at 6 months Then every 6 months (depending on the response)

Indications

- Androgenetic hair loss (male and female pattern alopecia)
- Age ≥ 21 years

Relative Contraindications

- acute and chronic infections
- certain skin diseases (i.e. SLE, porphyria)
- allergies to anesthetics (lidocaine, xylocaine)
- cancer
- chemotherapy
- blood or bleeding disorders
- anti-coagulation therapy
- chronic liver disease

- systemic use of corticosteroids within two weeks of the procedure
- pregnant or breast feeding

Risks and Complications

pain or itching at the injection site bleeding, bruising, swelling and/or infection temporary pinkness/redness (flushing) of the skin allergic reactions to the solution injury to a nerve from the injection nausea/vomiting peri-operative dizziness or fainting

Use of Anesthetics

Local anesthetics (xylocaine with epinephrine) may be used for your procedure if you are not allergic. Please initial if you have a problem with local anesthetics:

- ____ I am allergic
- ____ I am not sure
- ____ I am not allergic

Consent

My consent and authorization for this elective procedure is strictly voluntary. By signing this informed consent form, I hereby grant authority to the physician/practitioner to perform Platelet Rich Plasma (PRP) injections to area(s) discussed during our consultation. I have read this informed consent and certify I understand its contents in full.

All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I agree to adhere to all safety precautions and instructions after the treatment. I understand that medicine is not an exact science and acknowledge that no guarantee has been given or implied by anyone as to the results that may be obtained by this treatment.

I understand this procedure is "elective" and not covered by insurance and that payment is my responsibility. Any expenses which may be incurred for medical care I elect to receive outside of this office, such as, but not limited to dissatisfaction of my treatment outcome will be my sole financial responsibility. Payment in full for all treatments is required at the time of service and is non-refundable.

I hereby give my voluntary consent to this PRP procedure and release Bernstein Medical – Center for Hair Restoration and its staff from liability associated with the procedure. I certify that I am a competent adult of at least 21 years of age.

I understand that if I have questions or concerns regarding my treatment, I will notify this office at 212-826-2400 so that timely follow-up and intervention can be provided.

Patient's Last Name (print)	First	
Patient Signature	Date	
Physician Signature	Date	

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