



Platelet-Rich Plasma (PRP) Injection Consent Form

What is PRP?

Platelet-Rich Plasma (PRP) is a concentrate made from your own blood. Platelets are vital components of healing and contain growth factors that may help repair inflamed or damaged tissue. By concentrating your platelets, PRP injections aim to support your body's natural healing process. PRP is not currently FDA-approved for orthopedic conditions but may be used as an elective procedure under the practice of medicine, not as an FDA-approved drug or biologic therapy. The treatment involves drawing a small amount of your blood, processing it to concentrate the platelets, and injecting it into the affected area.

Risks, Side Effects, and Limitations

As with any procedure, there are risks. Common side effects include localized pain, swelling, stiffness, bleeding, bruising, or infection that may require surgery. Some patients may experience fainting with blood draws or injections. Rare but serious risks may include nerve injury, allergic reaction, tissue damage, or unintended biological effects. There may also be unknown risks, as PRP is not FDA-approved for orthopedic use. While PRP may help with pain or healing, it is not guaranteed to provide benefit, and results vary.

Alternatives

Alternatives to PRP injections may include physical therapy, medications, corticosteroid injections, surgery, or choosing not to pursue treatment. You should discuss all reasonable alternatives with your provider.

Patient Acknowledgment

Please initial each line to confirm your understanding:

___ I understand that PRP is not FDA-approved for orthopedic conditions.

___ I understand that PRP injections are not necessarily the standard of care but it is under the scope of the Practice of Medicine

___ I understand the risks, benefits, and alternatives have been explained to me.

___ I understand that no results are guaranteed and that PRP may not provide any benefit.

___ I had the opportunity to ask questions, and they were answered to my satisfaction.

___ I understood that there are no refunds.

___ I understand I can refuse treatment at any time before the procedure is performed.

Consent

By signing this form, I consent to undergo PRP injections for the treatment of my orthopedic condition as discussed with my provider. I acknowledge that I have read and understood this consent form, and I voluntarily choose to proceed.

Patient Name: _____ Date: _____

Patient Signature: _____

Treating Provider Name: _____ Date: _____

Provider Signature: _____