



PLATLET RICH PLASMA (PRP)

Using blood-derived growth factors (platelet-rich plasma, PRP), the Vampire Microneedling Facial Procedure is a safe procedure for renewing the skin of the face and other body areas for correcting texture and color.

This treatment is natural in that your own cells are used and microneedled into the specified areas. Since a distillate of growth factors from your own blood (PRP) is used, there should be no side effects from the material microneedled. The body reacts to the treated cells as it does to a wound and immediately starts repairing the tissue. This builds the underlying tissue with tightening, smoothing, and increased blood flow (which makes the color more attractive).

Not Recommended For Those Who

- Are pregnant or breast feeding
- Have herpes, active cold sores, psoriasis, warts, raised moles, sun burn, or active skin infection the day of treatment
- Have been taking Accutane
- Have had laser, waxing, or a chemical peel in the last week

What To Expect

- Depending on the area of your face or body being treated, the procedure is well tolerated and in some cases virtually painless, feeling only a mild prickling sensation.
- You can have topical anesthetic applied to your skin prior to treatment to reduce or eliminate pain or discomfort.
- Your skin will be pink or red after treatment, much like a sun burn for a few hours following.
- Minor bleeding and bruising is possible depending on the number of times it is pressed across an area.
- Approximately 20cc of blood are drawn from the patient in the same way blood samples are taken for lab tests in order to obtain the PRP.
- Tubes of blood are placed in centrifuge where it is spun in order to separate the red blood cells from the PRP. The PRP is either injected or applied topically onto the skin.
- Your skin may feel warm, tight, and itchy for the first hours after treatment.

Possible Side-Effects

- Flaking or dryness of the skin with scab formation in rare cases
- Milia (small white bumps) may form; these can be removed by the practitioner
- Hyper-pigmentation can occur very rarely and usually resolves after a month
- Temporary redness and mild-sunburn effects may last up to 4 days
- Freckles may temporarily lighten or permanently disappear in treated areas
- Crusting, itching, discomfort, bruising, infection, swelling, and failure to achieve the desired result.

ACKNOWLEDGEMENT

_____ I understand that no warranty or guarantee of specific result has been made to me.

_____ I realize that, as in all medical treatment, complications or delay in recovery may occur which could lead to the need for additional treatment and could result in a delay to one’s normal daily activities and thus economic loss.

_____ I understand my practitioner may discover other conditions which require additional or different procedures than planned treatment.

_____ I authorize my practitioner and his or her associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgment.

_____ I understand I may not achieve the desired improvement anticipated.

_____ I understand the results may relax over time and additional procedures may be required.

_____ I consent to the taking of photos before, during or after the procedure to document my progress. The nature of the elective procedure, its risks and potential complications have been fully explained to me along with available alternative treatments and their benefits and risks has been discussed.

_____ I understand I have the right to refuse treatment.

_____ I have been instructed to and agree to abide by all safety precautions and post treatment instructions and have been given a written copy.

_____ I understand no refunds will be given for received treatment and no guarantee(s) have been given regarding the results.

_____ I release the facility, medical staff, and other technicians from liability associated with this procedure. This consent is voluntarily executed and shall be binding on my spouse, relative, legal representatives, heirs, administrators, successors and assignees.

Patient Signature _____

Witness _____

Date _____