



## **CONSENT FOR PHLEBOTOMY AND PLATELET-RICH PLASMA DEVELOPMENT**

After careful examination of my condition, my periodontist has recommended the use of Platelet-Rich Plasma (PRP) to enhance post-operative healing. PRP is a component of my own blood that contains growth factors. These growth factors are known to stimulate soft tissue healing. I understand that PRP is processed from my own blood and is therefore safe from disease transmission.

I understand that in order to process PRP there will be a 20ml blood-draw using an aseptic technique. My blood will be processed, activated, and added to the surgical site. To activate PRP, my blood is mixed with calcium chloride and thrombin.

I have been fully informed about the use of PRP, the procedure to be utilized for development, the risks, benefits, and alternatives. I have had an opportunity to ask questions and to discuss any concerns with my periodontist. After thorough deliberation, I hereby fully consent to the PRP process.

**I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.**

Patient or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_