



**ABSOLUTE**  
COSMETIC MEDICINE

## Platelet Rich Plasma – Patient Consent

I understand that due to the natural variation in quality of Platelet rich plasma, results will vary between individuals.

I understand that although I may see a change after my first treatment; I may require a series of up to 6 sessions to obtain my desired outcome.

The procedure and side effects has been explained to me including alternative methods; as have the advantages and disadvantages.

I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and that, therefore, there can be no guarantee as expressed or implied either as to the success or other result of the treatment.

I am aware that the PRP treatment is not permanent as natural degradation will occur over time.

I authorize **DR GLENN MURRAY** to perform the injection of PRP (Platelet Rich Plasma) for rejuvenation.

This consent form will be valid for up to 6 applications of PRP, after which time I may be asked to complete a new form.

I state that I have read (or it has been read to me) and I understand this consent and I understand the information contained in it.

I have had the opportunity to ask any questions about the treatment including risks or alternatives and acknowledge that all my questions about the procedure have been answered in a satisfactory manner and that all blanks were filled in prior to my signature.

**THIS CONSENT FORM IS VALID UNTIL ALL OR PART IS REVOKED BY ME IN WRITING.**

When completing the medical questionnaire, I have answered the personal medical history questions fully and to the best of my ability.

Name ..... Signature .....

Date ..... Clinic Name: .....