

Platelet Rich Plasma Consent Form

I, _____, hereby authorize the following procedure: use of platelet rich plasma, a testing modality for diagnosis of alopecia.

I understand that the procedure will involve injecting the scalp with plasma collected on the day of injection.

I understand that platelet rich plasma is not a currently medically accepted procedure for testing or treating alopecia and, thus, that its use for this purpose may be considered by some insurance companies to be “medically unnecessary” or “experimental”.

The procedure has some risks. Dr. Rachael DelToro, ND has explained to me verbally the short and long-term risks, which may include temporary worsening of my current symptoms or headache, tachycardia (increased heart rate), syncope (fainting), visual difficulties or shortness of breath.

By signing this form, I accept those risks. Moreover, I understand and accept that because this procedure may be considered “medically unnecessary” or “experimental”, it may not mitigate, alleviate, or cure my condition (s). Its possible benefits may not be apparent immediately. The possible benefits include increased hair growth on the scalp resulting in increased hair thickness & texture.

I understand the nature of the treatment, which has been explained to me by Dr. DelToro.

Platelet-rich plasma (PRP). PRP has both proliferation-inducing as well as anti-inflammatory effects. A small randomized, double-blind, placebo- and active-controlled, half-head study has shown PRP to be superior to both intra-lesional triamcinolone acetonide and placebo¹. While showing promise, more studies are needed.²

I understand that the currently “standard” medically indicated treatment(s) for my condition is/are For alopecia areata³:

- no treatment, d/t benign nature of condition
- topical immunotherapy: quaric acid dibutylester (SADBE) and diphencyprone (DPCP), intralesional interferon alfa-2
- intralesional injected steroid medications (triamcinolone acetonide <Kenalog®>)
- topical steroid creams: betamethasone dipropionate cream 0.05%, fluocinolone acetonide cream 0.2%, minoxidil 1%
- psoralen plus UV-A (PUVA)
- rx medications: prednisone, cyclosporine, Anthralin, prostaglandin analogs, Dapsone, methotrexate, Simvastatin/ezetimibe, biological agents
- stem cell therapy
- zinc

For Androgenic Alopecia⁴:

- prescription medications: minoxidil, finasteride, dutasteride, topical latanoprost 0.1%
- low-level laser light therapy
- adipose-derived stem cells
- *Serena repens* extract
- surgical care: fractional erbium-glass laser

I understand that the risks of those treatments include: no improvement or worsening of my condition; headache, tachycardia (increased heart rate), syncope (fainting), visual difficulties or shortness of breath.

Based on the risks and potential benefits of the currently medically indicated treatment(s) and of the proposed treatment, I have elected to forego or supplement the indicated treatment(s) and receive the proposed treatment from Dr. DelToro.

I further understand and agree to adhere to the treatment schedule and attend the follow-up visitations set by Dr. DelToro to permit observation and study of my progress. I also agree to comply with the recommended lifestyle modifications in order to provide optimum opportunities for the beneficial effects of chelation therapy. I understand that I may suspend or terminate my treatment at anytime by informing Dr. DelToro.

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I assume full liability for any adverse effects that may result from the non-negligent administration of the proposed treatment. I waive any claim in law or equity for redress of any grievance that I may have concerning or resulting from the procedure, except as that claim pertains to negligent administration of this procedure. I hereby confirm that the nature and purpose of the aforementioned treatment may be considered medically unnecessary or experimental and not currently indicated treatments. The risks involved and the possibilities of complications have been explained to me. I fully understand that the treatment to be provided may be considered experimental and unproven by scientific testing and peer-reviewed publication.

Signature of Patient _____

Printed Name of Patient _____

Date _____

Signature of Witness _____

Printed Name of Witness _____

Date _____

References

1. (Trink A, Sorbellini E, Bezzola P, Rodella L, Rezzani R, Ramot Y, et al. A randomized, double-blind, placebo- and active-controlled, half-head study to evaluate the effects of platelet-rich plasma on alopecia areata. *Br J Dermatol.* 2013 Sep. 169 (3):690.)
2. Ayatollahi A, Hosseini H, Gholami J, Mirminachi B, Firooz F, Firooz A. Platelet rich plasma for treatment of non-scarring hair loss: systematic review of literature. *J Dermatolog Treat.* 2017 Mar 23. 1-8. Accessed 10/25/2018.
3. Medscape. "Alopecia Areata." <https://emedicine.medscape.com/article/1069931-treatment#d12>, <https://emedicine.medscape.com/article/1069931-treatment#d10>. Accessed 10/25/2018.
4. Medscape. "Androgenic Alopecia." <https://emedicine.medscape.com/article/1070167-treatment>. Accessed 10/25/2018.