

Consent for drawing blood and Platelet Rich Plasma (PRP) for use in dental surgery

Dr. _____ has recommended the use of Platelet Rich Plasma (PRP) to enhance postoperative healing. PRP is a component of my own blood. Blood contains platelets, which contain growth factors and other cytokines that stimulates healing of bone and soft tissue.

The blood used is my own. All blood drawing materials and needles, the entire centrifuge processing containers, and mixing/activating syringes are single use and are disposed in our medical waste container after each patient. Each PRP procedure uses its own sterile materials and supplies.

I have had the opportunity to ask questions before signing and understand I can ask questions later, as well. After deliberation, I consent to the PRP process.

I certify that I have read this document.

Patient name: _____

Patient or legal guardian signature: _____

Witness name: _____

Witness signature: _____

Date: _____