Dentists Choice

# Informed Consent for PRP / PRF Therapy
# Platelet-Rich Plasma & Platelet-Rich Fibrin

PATIENT INFORMATION
Patient Name: _____
Date of Birth: _____
Chart #: _____
Treating Provider: _____
Date: _____

**WHAT IS PRP / PRF?**
Platelet-Rich Plasma (PRP) and Platelet-Rich Fibrin (PRF) are products made from a small sample of your own blood. We draw a few teaspoons of blood, spin it in a centrifuge to concentrate on the healing proteins (called growth factors), and then place the resulting gel or liquid directly in the area being treated. Because this comes from your own blood, the risk of allergic reaction is very low.

Your provider is recommending this treatment to help with:
☐ Bone or tissue regeneration after an extraction or implant placement
☐ Enhanced healing of a surgical site
☐ Periodontal (gum) regeneration procedures
☐ Other: _____

**POTENTIAL BENEFITS**
- Faster healing of bone and soft tissue
- Reduced post-operative swelling and discomfort
- Lower infection risk compared to some synthetic grafting materials
- Uses your own biology — no donor material required

**RISKS AND POSSIBLE COMPLICATIONS**
No medical procedure is without risk. Potential risks include, but are not limited to:
- Temporary pain, swelling, or bruising at the blood-draw site in your arm
- Infection at the treatment site (rare)
- Incomplete healing — PRP/PRF may not fully achieve the desired outcome for every patient

- Nerve sensitivity near the treatment site
- In rare cases, the centrifuged sample may not yield a usable concentration, and an alternative plan may be needed

**ALTERNATIVES**

You may decline PRP/PRF. Alternatives may include:

- Healing without adjunctive growth factors (natural clot formation)
- Commercial bone graft or membrane materials
- Other biologic agents as appropriate

Your provider can explain how these alternatives compare for your specific situation.

⚠ **STATE LAW NOTE:** [STATE] may have specific requirements regarding the use of blood-derived biologics. [Insert applicable state dental board or pharmacy board disclosures here.]

**PATIENT ACKNOWLEDGMENT**

I have read or had read to me the information above. I have had the opportunity to ask questions and my questions have been answered to my satisfaction. I understand that I may withdraw my consent at any time before the procedure begins. I voluntarily consent to PRP/PRF therapy as described by my provider.

**SIGNATURES & ACKNOWLEDGMENT**

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|---|---|
| Patient Signature | Date |
| Parent / Guardian (if patient is a minor) | Relationship |
| Witness / Staff Signature | Date |
| Provider / Dentist Signature | Date |