

# Platelet Rich Plasma (PRP) Consent

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## (Aesthetics)

Date:

## Patient Information

- **Patient Name:** {{patient\_first\_name}} {{patient\_last\_name}}
- **Date of Birth:** {{patient\_birthdate}}

## Treatment Information

I understand that I will be receiving Platelet Rich Plasma (PRP) treatment, which involves drawing my blood, processing it to concentrate platelets, and re-injecting it to promote healing and rejuvenation.

## Consent Statements

Please initial each statement:

1. I understand the nature of PRP treatment.
2. I understand the potential risks and benefits.
3. I have been informed of alternative treatments.
4. I understand that results are not guaranteed.
5. I will follow all post-treatment instructions.

## Signatures

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**Patient Signature:** \_\_\_\_\_ **Date:**

**Provider Signature:**  **Date:**

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**Medical Services provided by Primary Medical of KY, P.S.C., Elite Health Services, P.A., Co.,  
Primary Medical of IN, P.C.**

**Form Complete**

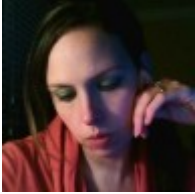


# Signature Certificate

Document name: PRP (Platelet Rich Plasma) Consent

🔒 Unique Document ID: 4AEC4F46EDB3A67D1CD008BBA744A0D000B7F082

LEGALLY SIGNED USING  
**WP**signature  
Build. Track. Sign Contracts.



Rita Brasler

Party ID: 30e85bbc-7a7d-4b64-a846-70c53eececb

Awaiting signature

## Timestamp

January 11, 2026 2:19 am  
EDT

## Audit

Document PRP (Platelet Rich Plasma) Consent  
Uploaded by -  
IP: 0.0.0.0



This audit trail report provides a detailed record of the online activity and events recorded for this contract.

Page 2 of 2