

# 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: DEEE35FF5E490C1127C49B6D82CB39638CFFDAE



Edvin Habibovic  
Party ID: 682ddac6-6b88-4fef-9b5e-3c8ac653b575

Awaiting signature



Russil Almeshhedani  
Party ID: f7a34b72-e542-43f9-bb63-0fb5b3a6cd67

Awaiting signature



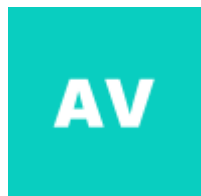
Matt Williams  
Party ID: 6019ef63-f326-4adc-b831-8634c8cdb386

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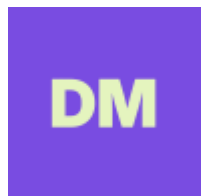
Luis Escobar  
Party ID: 635e739d-8c7a-4179-b032-76b23dfd6f89

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Ava Peters  
Party ID: 1ff37cfd-4118-4aed-8fb8-569baeee74f8

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Deana Carl  
Party ID: dda0d286-da38-4e73-9d17-1b8bf4c70fae

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Chelsey Mcpheeters  
Party ID: 9c237f39-cf0a-48ee-a38f-7362b38935c7

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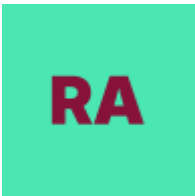
Justin Newton  
Party ID: 5b240894-bcfc-4551-b051-52d4efe4e7cf

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Macauley Murphy  
Party ID: 0549b773-bb96-42ad-a1e3-f78e9a71a2fc

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Raya Habeeb  
Party ID: 0831e2b4-c638-49cc-ab36-9cce4617a460

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Veronica Mancilla Garcia  
Party ID: abfa3f7f-eb37-48f2-9446-3a8a48d33c08

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**Timestamp**

December 13, 2025 1:56 pm  
EDT

**Audit**

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