



REVIVAL MD

AESTHETIC CLINIC

RAHWAY · FAIR LAWN

CLIENT INFORMATION

Date:

Full Name:

Date of Birth:

Gender:

Address:

City:

State/Province:

Zip/Postal Code:

Country:

Phone Number:

Email Address:

PLATELET-RICH FIBRIN (PRF) CONSENT FORM

This document is intended to serve as confirmation of informed consent for Platelet-Rich Fibrin (PRF) as ordered by the Medical Doctor and Physician Assistant at RevivalMD Aesthetic Clinic.

(Initials)_____ I have informed the Medical Doctor and/or Physician Assistant of any known allergies to drugs or other substances, or of any past reactions to anesthetics. I have informed the practitioner of all current medications and supplements.

I understand that I have the right to be informed of the procedure, any feasible alternative options, and the risks and benefits. Except in emergencies, procedures are not performed until I have had an opportunity to receive such information and to give my informed consent

Platelet-Rich Fibrin (PRF) is a regenerative treatment that uses components of your own blood to promote tissue healing, collagen production, and cellular regeneration. During the procedure, a small amount of blood is drawn and placed into a centrifuge to isolate platelets, growth factors, and fibrin. The resulting PRF is then injected or applied to the treatment area to support natural tissue repair and rejuvenation.



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PRF may be used for a variety of aesthetic treatments including facial rejuvenation, under-eye rejuvenation, hair restoration, skin rejuvenation, and in combination with procedures such as microneedling.

PRF works gradually by stimulating the body's natural healing processes. Results vary between individuals and multiple treatments may be recommended to achieve optimal outcomes.

Procedure

The PRF treatment generally includes the following steps:

- A small blood draw from your arm
- Processing the blood in a specialized centrifuge to isolate PRF
- Preparation of the PRF for treatment
- Injection or topical application to the treatment area

A topical numbing agent may be applied prior to treatment to improve comfort.

Potential Benefits

Possible benefits of PRF treatment include:

- Improved skin tone and texture
- Increased collagen production
- Reduction in fine lines and wrinkles
- Improved under-eye appearance
- Stimulation of hair growth
- Overall skin rejuvenation

Individual results will vary and no specific outcomes can be guaranteed.

Risks and Possible Side Effects

While PRF is generally considered safe because it uses your own blood, possible risks and side effects may include:

- Redness
- Swelling
- Bruising
- Tenderness at injection sites
- Minor bleeding
- Temporary discomfort
- Infection (rare)
- Uneven results or lack of improvement

Bruising and swelling typically resolve within several days.



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Contraindications

PRF treatment may not be appropriate for individuals with certain medical conditions including, but not limited to:

- Blood or platelet disorders
- Active infection at the treatment site
- Severe anemia
- Certain autoimmune disorders
- Use of anticoagulant or blood thinning medications

It is important to disclose all medical conditions, medications, and supplements to your provider prior to treatment.

Post-Treatment Expectations

Following treatment, you may experience mild swelling, redness, or bruising that typically resolves within several days. Some patients may require multiple sessions to achieve desired results.

Visible improvements may develop gradually over several weeks as collagen production and tissue regeneration occur.

No Guarantee of Results

I understand that aesthetic medicine is not an exact science and that no guarantees have been made regarding the results of this procedure.

Financial Responsibility

I understand that PRF treatments are cosmetic procedures and are not covered by insurance. Payment is required prior to treatment, and fees are non-refundable once treatment has been performed.

Consent

I acknowledge that I have read and understand the information above. I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction. I understand the risks, benefits, and alternatives of the procedure and voluntarily consent to receive PRF treatment.



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CLIENT'S CONSENT

- I understand the information provided on this form and agree to the foregoing.
- The procedure(s) set forth above has been adequately explained to me by my practitioner.
- I have received all the information and explanation I desire concerning the procedure.
- I authorize and consent to the performance of the procedure(s).
- I understand that Platelet-Rich Fibrin (PRF) is a regenerative cosmetic treatment that uses components of my own blood to stimulate collagen production, tissue repair, and overall skin rejuvenation. Results vary by individual, multiple treatments may be required, and no specific outcome is guaranteed.

AGREEMENT

By signing below, I acknowledge that I have read, understood, and agree to the checklist and the lash lift procedure described above.

Client's Signature:

Provider's Signature: