



917 N Promenade Parkway Suite #104 ● Casa Grande, Arizona 85194
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Vampire Hair® Pre and Post Care

Revised October 25, 2020

Preparation:

PRP Therapy is very safe because cells from the patient's own blood are used, which means there are no preservatives and no chance of the body rejecting the cells. The primary risks and discomforts are related to the blood draw where there is a slight pinch to insert the needle for collection and there is a potential for bruising at the site. Please drink plenty of fluids the night prior to your treatment.

For optimal results and to decrease the chance of bruising at the draw site, please avoid all blood thinning medications and herbal supplements for one week prior to your appointment if you can. Avoid taking Aspirin and non-steroidal anti-inflammatory medications (NSAIDS) such as Ibuprofen, Motrin, and Aleve. In addition, very high doses of some Vitamins and supplements can thin your blood and increase the chance of bruising. Please notify your provider if you are taking Coumadin, Plavix, or any other blood thinners for a medical condition. During the course of your treatments, notify my staff of any changes to your medical history, health status, or personal activities that may be relevant to your treatment.

Please hydrate well the day the day before and the day of the procedure. Eat breakfast or lunch.

Post Care:

Feel free to wash your hair the morning of the PRP session (or at least the day before). It is fine to color your hair up to 3 days before the procedure.

Please avoid heavy exercise the day of your procedure. Resuming the following day is fine. If you can, please wait 24 hours to wash your hair and it is fine to color your hair three days after the procedure. Please do not use any styling products (gel, mousse spray) for 24 hours. Wearing a hat today is fine. In fact, please limit sun on the area for 2 days.



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Vampire® Clinical Documentation

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I have received information about my condition, the proposed treatment, alternatives, and related risks. This form contains a brief summary of this information. I have received an explanation of any unfamiliar terms and have been offered the opportunity to ask questions. I have not received any promise, guarantee or warranty that my undergoing the procedure will achieve a particular result. I fully understand that individual results do vary, and that Cloud 9 MedSpa and all of its associates assumes no responsibility for failure to achieve a desired result. I understand I may refuse consent and I give my informed and voluntary consent to the proposed procedures and the other matters shown below. I also consent to the performance of any additional procedures determined in the course of a procedure to be in my best interests and where delay might impair my health.

I authorize the practicing provider to treat my condition, including performing further diagnosis and the procedures described below, and taking any needed photographs. Photographs taken are the property of Cloud 9 MedSpa and may be used for social media content as well as printed materials at the clinics discretion.

I understand the proposed Vampire® procedure(s) to be: a procedure for rejuvenating the skin of the face and for correcting shape, using blood-derived growth factors (platelet-rich fibrin matrix (PRFM), platelet-rich plasma (PRP) injections, and a hyaluronic acid filler.

Vampire Facelift® - The use of hyaluronic acid fillers in conjunction with PRP to restore loss volume in the face.

Vampire Tear Trough - Restoring the bags under your eyes with PRP to smooth and refresh your glow.

Vampire Hair Restoration® - Employing PRP to restore your hair growth and improve cellular function.

Vampire Facial® - A microneedling procedure that also uses your PRP to help stimulate collagen and erase fine lines and wrinkles as well as scarring.

I understand the risks associated with the proposed procedure(s) to be: Bleeding; Infections; No effect at all; Allergic reactions; Alteration of facial features ;Hematoma (hyaluronan of blood); Hyaluronan site ulceration; Accelerated hyaluronan re-absorptions; Allergy to Hyaluronan material; Hyaluronan migration; Need for subsequent surgery; Scar formation; Local tissue infarction and necrosis; Erosions; Fatigue; Damage to eyes, ears, nose, mouth; Post-operative pain; Prolonged pain; Intractable pain; Failed procedure; Varied results; Psychological alterations; Relationship problems; Possible hospitalization for treatment of complications; Lidocaine toxicity; Anesthesia reaction; Embolism; Depression; Reactions to medications including anaphylaxis; Nerve damage; Permanent numbness; Slow healing; Swelling; Allergy; Nodule formation.



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I also understand that there may be other RISKS OR COMPLICATIONS, OR SERIOUS INJURY from both known and unknown causes. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the risks of the procedure.

I understand that the use of PRP and a hyaluronic acid filler in this procedure are “off-label” uses, and no promise or representation, guarantee or warranty regarding their use, benefit or other quality is made. No representations that the use of these products and this procedure is approved by the FDA or any other agency of the federal or state government is made. I understand the alternatives to the proposed procedures and the related risks to be: do nothing.

CONSENT FOR ANESTHESIA

When local anesthesia and/or sedation is used by the physician: I consent to the administration of such local anesthetics as may be considered necessary by the physician in charge of my care. I understand that the risks of local anesthesia include: local discomfort, swelling, bruising, allergic reactions to medications, and seizures.

PATIENT CERTIFICATION:

By signing, I state that I am at least 18 years of age or older, or otherwise authorized to consent. I have read or have had explained to me the contents of this form. I understand the information on this form and give my consent to what is described above and to what has been explained to me. The physician has explained the procedure to me and it's alternatives and risks.