

ELEVATED IMAGE

Advanced Medical Aesthetics & Primary Care • Joshua Le, DO

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INFORMED CONSENT FOR AUTOLOGOUS PRP & PLASMA-GEL BIO-FILLER

Made from your own blood — no synthetic filler material

Patient name		Date of birth	
Date of treatment		Provider	Joshua Le, DO

Treatment area(s): _____

1. What This Procedure Is

Platelet-rich plasma (PRP) and autologous plasma-gel bio-filler are prepared from a sample of your own blood. The blood is drawn, spun in a centrifuge, and separated. The platelet-rich portion (PRP) may be injected into fine lines and skin to stimulate collagen. The platelet-poor portion may be heated to form a soft gel ("plasma gel" / bio-filler) that is injected to add volume and contour. Both are made from your own tissue and contain no synthetic filler material.

2. Regulatory Status — Please Read Carefully

OFF-LABEL / NOT FDA-APPROVED AS A FILLER. There is no FDA-approved "plasma-gel filler." Devices used to prepare PRP are cleared only to prepare PRP — not for any specific cosmetic treatment. Using PRP or plasma gel for wrinkles, volume, or skin quality is an off-label use, and I consent to it. Initial: _____

NOT REVERSIBLE. Unlike hyaluronic-acid (HA) fillers, plasma gel CANNOT be dissolved or reversed with hyaluronidase. Once injected it must resorb on its own over time. I understand this product cannot be "undone." Initial: _____

3. Alternatives

Reasonable alternatives include: doing nothing; FDA-approved HA or other synthetic dermal fillers; autologous fat transfer; botulinum toxin; energy-based skin treatments; topical skincare; and combinations. I have had the opportunity to ask about the risks, benefits, cost, and duration of each.

4. Risks and Complications

Common and usually temporary: pain, bruising, swelling, redness, tenderness, itching, firmness or small lumps, and temporary asymmetry at injection or blood-draw sites.

Less common: infection, bleeding, prolonged swelling, persistent nodules or granuloma, contour irregularity, under- or over-correction, pigment change, injury to underlying structures, and reaction to topical anesthetic. Blood-draw risks include bruising, lightheadedness/fainting, and rarely nerve irritation or infection.

VASCULAR OCCLUSION (serious): If material enters a blood vessel it can block blood flow — causing skin color change, pain, tissue breakdown (necrosis) and scarring, and, though rare, vision changes or permanent BLINDNESS, and stroke. Because plasma gel is NOT reversible with hyaluronidase, a vascular event is managed by emergency measures rather than dissolving the product. I understand these serious risks. Initial: _____

5. Results, Duration & No Guarantee

- Results vary and are not guaranteed:** Autologous products are not standardized, so outcome and duration cannot be precisely predicted.
- Effects are temporary:** Volume from plasma gel typically lasts on the order of months and partially resorbs; touch-ups and repeat sessions are commonly needed.
- More than one session may be required:** Additional sessions may be recommended at additional cost.

6. Medical History & Screening

Are you pregnant or breastfeeding?	Yes ☐ No ☐
Do you have a bleeding/clotting disorder or take blood thinners?	Yes ☐ No ☐
Any platelet, blood, or autoimmune disorder?	Yes ☐ No ☐
Active infection, or skin infection/inflammation at the treatment area?	Yes ☐ No ☐
History of keloids or poor wound healing?	Yes ☐ No ☐
Prior filler or facial surgery in the treatment area?	Yes ☐ No ☐
Medications or supplements that affect bleeding?	Yes ☐ No ☐
History of fainting with blood draws?	Yes ☐ No ☐

Other medications, supplements, allergies, or conditions: _____

7. Photography, Financial & Acknowledgment

I consent to clinical photographs for my medical record and treatment planning (other use requires separate written authorization). I understand this is an elective, self-pay cosmetic procedure generally not covered by insurance, and fees are non-refundable regardless of outcome. I consent to a blood draw for preparation of the product.

8. Consent to Treat

I have read (or had read to me) this form. My questions have been answered to my satisfaction by Joshua Le, DO. I understand the procedure is off-label, autologous, NOT reversible, and carries the risks described, including the rare risk of vascular occlusion, tissue loss, and vision loss. I voluntarily consent to the PRP and/or plasma-gel bio-filler procedure and to the blood draw for its preparation.

_____	_____	_____
Patient signature	Print name	Date
_____	_____	_____
Provider signature (Joshua Le, DO)	Witness (if used)	Date

Office Use — Treatment Record

Product (PRP / gel)	Area(s)	Volume drawn	Volume injected	Kit / lot #

TEMPLATE — verify against Washington State disclosure requirements and your malpractice carrier before clinical use.

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Image & Primary Care
Dr. Joshua Le, DO