



## CONSENT FOR TREATMENT

### Hair Restoration Procedure

#### PURPOSE AND BACKGROUND

As a patient of Nourished MedSpa and Wellness Center, I have requested hair restoration procedures. The process involves using Platelet Rich Plasma (PRP), Microneedling, PDO Threads and use of prescription medication. I understand that the SkinPen® is an FDA approved micro-needling device that intentionally creates very superficial “micro-channels” to the outermost layer of the scalp to induce the healing process and stimulate my dormant hair follicles to try and produce new hair. The microneedling procedure using PRP is a safe procedure for reviving hair follicle stem cells. The approach at Nourished MedSpa and Wellness Center is multimodal because the process of hair loss is multi-factorial. I am aware that there is no magic bullet to grow hair and that my results can vary due to many factors including my own genetics and as such, no results are guaranteed.

#### PROCEDURE

- 1) Three treatments with injection of PRP into the scalp along with microneedling the PRP is required every 6-8 weeks. Microneedling procedures are performed in a safe and precise manner with the use of the sterile needle head. The procedure is normally completed within 30–60 minutes, depending on the required procedure and anatomical site. After the procedure, the skin will be red and flushed in appearance, similar to a moderate sunburn. I may also experience skin tightness and mild sensitivity to touch on certain areas. This will diminish significantly within a few hours following the procedure. Within the next 24 hours, the skin will have returned to normal. After three days, there is rarely any evidence that the procedure has taken place. I understand that I may take a pain medication, such as Tylenol (acetaminophen). **DO NOT** take aspirin, Advil, Motrin, Aleve, non-steroidal anti-inflammatory medication, or corticosteroids. These drugs may inhibit the stem cells natural inflammatory response. A topical anesthetic (numbing) cream (lidocaine, bupivacaine, and tetracaine or a combination) is applied to the treatment area. Blood is drawn in the same way blood samples are taken for routine lab tests. Blood is centrifuged to separate the component cells. Platelets are separated and used for this procedure as PRP which will be injected. The remaining PPP is applied topically to my treatment area; microneedling drives this platelet rich plasma deep into my scalp.
- 2) I will be required to take a prescription medication topically on the area of hair loss twice daily for the first 4 months, then once daily thereafter, and massage it in to help absorption. I will continue to take this medication for the rest of my life. I understand that stopping this medication or not taking it as prescribed will stop or reverse all the progress I may have made. I understand that this means I will have a monthly cost for the medication. The FDA approved medications for hair restoration are Minoxidil and Finasteride. They work by opening up blood channels, increasing oxygenation and increasing nutrient absorption and allows hairs to more quickly return to a growth phase.
- 3) PDO “Mono” Threads will be placed in the scalp to also help stimulate the follicle and put it back in the growth phase.

#### RISKS AND COMPLICATIONS

1. The most reported side effect is pain during the procedure. As a result, the use of nitrous oxide as a pain reliever is administered during the procedure provided you don’t have any contraindications to the use of the medication.
2. Infection is very unusual. However, viral, bacterial, and fungal infections can occur any time the integrity of the skin is compromised. Should infection occur, you must contact or return to our office immediately, as additional treatment will likely be necessary.
3. Because the dermal penetration associated with micro-needling is so superficial it doesn’t extend into the layer of the skin containing melanocytes, hyperpigmentation is very rare. However, failure to follow post-treatment instructions can put you at risk for hyperpigmentation. You **MUST** avoid sun exposure for 1 to 2 weeks after a micro-needling treatment. You should cover the treated area with a hat or clothing. Lastly, avoid picking and/or peeling the skin during healing period.
4. Although normal healing after the procedure is expected, abnormal scars may occur in both the skin and deeper tissues. In rare cases, thickened or keloid scars may result, especially if you are prone to keloid scarring anyway. Scars may be unattractive and of different color than surrounding skin. Additional treatments may be needed to treat scarring.
5. There may be a very slight burning, scratchy, and irritated sensation to the skin. This is usually temporary and is gone within a few hours after treatment. A sudden reappearance of redness or pain is a sign of infection, and you should notify our office immediately.
6. Headache, itching, redness, and swelling are normal parts of the healing process. These symptoms rarely persist longer than 24 hours. However, treatments received less than 4 weeks apart may induce prolonged symptoms.
7. Micro-needling is performed with a device whose head contains sterile, hypodermic needles, which makes an allergic reaction nearly impossible. However, in conjunction with the micro-needling procedure a variety of products may be

- used on the face; those products could cause an allergic reaction. Additionally, since micro-needling increases the penetration of topical substances, it could cause you to become hypersensitive to products used on the face. If an allergic reaction were to occur, you must contact our office immediately, as it may require further treatment.
8. Micro-needling will not completely restore a full head of hair; it is important that your expectations be realistic and you understand that the procedure has its limitations. Additional procedures will be necessary to achieve your desired effect.
  9. Although rare from micro-needling, there is a possibility of a poor result from any cosmetic procedure. Micro-needling may induce undesirable results, including but not limited to skin sloughing, scarring, permanent pigment change, and/or other undesirable skin changes. There is always a possibility that you may be disappointed with the final results of treatment. It is very possible that this procedure may fail to achieve your desired results.
  10. An infection of the wound is always possible. Any blistering or bleeding must be dressed with an antibiotic ointment and covered. Any infection could last seven to ten days and could lead to scarring or skin discoloration.
  11. Microneedling is contraindicated for patients with: keloid scars, scleroderma, collagen vascular diseases or cardiac abnormalities, a hemorrhagic disorder or hemostatic dysfunction, active bacterial or fungal infection.

### **BENEFITS**

Within 2-4 weeks you will see improvement with continued positive changes for 12 weeks. There is actual growth of new tissue by stimulation of uni-potent stem cells, so the change is not from something foreign being in the body but from the body actually rejuvenating and growing. The platelet-rich plasma (PRP) stimulates new blood flow with new blood vessels (neo-vascularization). The results of this treatment vary and the research documenting the longevity of results is ongoing.

### **ALTERNATIVES**

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Other alternative treatments which vary in sensitivity, effect and duration include: wigs/weaves/toupees/extensions, powders and spray camouflage, prescription medications, home remedies, or over-the-counter treatments.

### **QUESTIONS**

This procedure has been explained to me by the staff of Nourished MedSpa and Wellness Center. I have had an opportunity to ask any questions and research the procedure to my satisfaction.

### **CONSENT**

I understand that my consent and authorization for this procedure is strictly voluntary. I have already read and signed the Clinic’s general consent and understand that it is still in effect. By signing this informed consent form, I hereby grant authority to Nourished MedSpa and Wellness Center and Dr. Jason Carter, MD (or other delegated medical providers for Nourished MedSpa and Wellness Center) to perform hair restoration therapies and/or administer any related treatment as may be deemed necessary or advisable in the diagnosis and treatment of my condition. For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.

The nature and purpose of this procedure and the complications and side effects have been fully explained to me. Alternative treatments and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment. I agree to adhere to all safety precautions and instructions after the treatment. I have been instructed in and understand post treatment instructions and have been given a written copy of them. I understand that no refunds will be given for treatments received. No guarantee has been given or implied by anyone as to the results that may be obtained from this treatment.

I have read this informed consent and certify that I understand its contents in full. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I have had enough time to consider the information given me by my physician/practitioner and feel that I am sufficiently advised to consent to this procedure. I accept the risks and complications of the procedure. I certify that if I have any changes occur in my medical history I will notify Nourished MedSpa and Wellness Center immediately.

I hereby voluntarily consent to this procedure and release Nourished MedSpa and Wellness Center, medical staff, and all associated professionals from liability associated with the procedure. I certify that I am a competent adult of at least 18 years of age and am not under the influence of alcohol or drugs. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

\_\_\_\_\_  
**Patient Name (please print)**

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Performed by (please print name and title)**

\_\_\_\_\_  
**Practitioner Signature**

\_\_\_\_\_  
**Date**



## PRE-TREATMENT INSTRUCTIONS

### *Hair Restoration Procedure*

Follow these tips as you prepare for the procedure:

- **Exercise:** Avoid indulging in strenuous exercises 24 to 48 hours prior to the procedure. You can perform your routine tasks, though.
- **Increase Your Fluid Intake:** Increase your fluid intake 24 hours before your appointment. Your average water intake on the day before the procedure should be at least 3 to 4 glasses more than you normally drink. You can do this by simply drinking an extra glass of water at all three meals.
- **No Fasting:** Fasting is not a pre-requisite for this procedure. Follow your routine diet plan even on the day before surgery. Be sure to have a small meal before your procedure.
- **Shampooing:** Feel free to take a bath and shampoo your hair on the morning of your session. If you don't shampoo your hair on the day of procedure, do this at least a day before, but make sure you come for the procedure with a clean scalp.
- **Supplements and Medications:** Discontinue all blood thinning agents, be they herbal supplements or prescription medicines. It is also recommended to stop multivitamin intake at least a week before the procedure.
- **Smoking and Alcohol:** Avoid cigarettes and alcohol for at least three days prior to the therapy. But remember the more you avoid these, the better it will be for you, as studies have shown that nicotine in cigarettes impacts the healing process and hair growth significantly.

*Please contact our office at 903-357-5108 with any questions or concerns.*



## POST-TREATMENT INSTRUCTIONS

### *Hair Restoration Procedure*

Once you are done with the procedures, follow these instructions:

- Redness (erythema) and swelling (edema) may be seen in treated areas 2 hours or longer after treatment. Swelling may last for a few days and can be relieved by applying ice over the area.
- Avoid scratching or scrubbing treated areas. This may cause crusting/scabbing or wounds on tender and sensitive skin.
- **Massage Scalp:** It is recommended to gently massage your scalp three times a day for three to four days following the treatment. This will allow even and efficient distribution of the PRP mixture.
- **Exercise:** Avoid heavy exercise immediately after the procedure. Resuming your workout routine after 24 hours is fine.
- **Shampooing:** Avoid shampooing your hair for 12 to 24 hours after the treatment.
- **Hair Coloring and Hair Styling:** Wait for at least 3 to 5 days before you dye your hair. As for as hairstyling products (hair sprays, mousses and gels) are concerned, you can use them 24 to 36 hours after the procedure. But better avoid them for 3 to 5 days.
- **Avoid Sun Exposure:** Sunlight should not reach your sun directly for at least 7 to 10 days. Cover your scalp with a hat as you go out during day time.
- **Supplements and Medicines:** Avoid all blood thinning medicines and supplements for a week or two post-procedure. Blood thinners can affect your healing ability big time.
- **Alcohol and Smoking:** Cigarettes and alcohol that you had quit a week before procedure remains a “No” for a week after the treatment.
- **Take your medication:** Apply the prescription medication directly on the scalp twice daily for the first 4 months, then once daily from then on.
- **Use your laser cap:** Wear the laser cap at least 30 minutes daily. More time hasn’t shown to help any more, but isn’t harmful. Less time won’t be effective.

*Please contact our office at 903-357-5108 with any questions or concerns. If you have an emergency or urgent pressing clinical issue, call Dr. Carter at 903-818-3467. Texting is the best way to reach Dr. Carter.*

Please make an appointment for follow-up and reassessment in 6-8 weeks for any subsequent treatments or reevaluation.

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**Patient Name (please print)**

**Patient Signature**

**Date**