

Informed Consent – Biorevitalization through platelets

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Informed consent for revitalization through the injection of autologus platelets

I undersigned _____ age _____
living in _____ street _____
phone number _____ e-mail _____

In view of the medical-therapeutic act above indicated, I confirm that I have been well informed about the nature and the known effects of the medical operation described later.

Biorevitalization through the injection of autologus platelets is executed for the rejuvenation, revitalization and nourishment of the skin and the subcutaneous layer.

It is a technique that can be executed at the level of face, neck and hand and it allows re-establishing the best biological and vital conditions of the skin.

Using autologus materials, there is not possibility of allergic reactions. In literature, very rare infective reactions due to injections are described.

This method is executed with a blood sample of 20 ML that, centrifuged, will allow the extraction of platelets that will be activated through a solution and re-injected in the skin, or brushed after invasive techniques such as the fractioned laser.

Basically, the physiological reaction that our body starts after a lesion is stimulated. After the injection, even if it happens rarely, it is possible that small swellings, reddening and haematomas will occur, but they will go away in few days.

In the 2-3 following days, it is important to avoid the exposure to very hot or very cold temperature.

The protocol of this procedure of rejuvenation foresees a session every week and then a session every 4-5 months, while if you execute the procedure after the laser you need just one session.

So more sessions are needed and the treatment has to be repeated with the time.

The injections are not painful but it is possible to use an anesthetic lotion 30 minutes before the treatment.

The procedures and the used equipments are considered the most suitable from a scientific-medical point of view.

I declare however to be allergic to these following substances:

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and to have already done the following aesthetic therapies:

.....

I declare I am not pregnant. I confirm that I read and understood the above. I confirm I had the possibility to ask questions I thought were necessary.

After having taken note of the illustrated situation, I accept the suggested medical procedure.

Date

Patient's Signature

Doctor's Signature
