

Link Dental comprehensive restorative dentistry



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CONSENT FOR PHLEBOTOMY AND PLATELET RICH PLASMA DEVELOPMENT

After careful examination of my condition, Dr. Link has recommended the use of Platelet Rich Plasma (PRP) to enhance post-operative healing. PRP is a component of my own blood that contains growth factors. These growth factors are known to stimulate soft tissue healing. I understand that PRP is processed from my own blood and is therefore safe from disease transmission.

I understand that in order to process PRP there will be a 30ml blood draw using an aseptic technique. My blood will be processed, activated and added to the surgical site. To activate PRP my blood is mixed with Calcium Chloride.

I have been fully informed about the use of PRP, the procedure to be utilized for development, the risks, benefits and alternatives. I have had an opportunity to ask questions and to discuss any concerns with Dr. Link. After thorough deliberation, I hereby fully consent to the PRP process.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.

Patient or legal guardian: _____ Date: _____

Witness: _____ Date: _____