



INFORMED CONSENT FOR STEM CELL/PRP INJECTION

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I, _____ have been advised and consulted about the injection technique of stem cells/PRP (protein rich plasma) for the treatment of musculoskeletal conditions. I understand and voluntarily consent to this procedure.

I have been informed that even though this procedure is **not yet FDA approved**, it has been used safely and successfully on many other patients.

_____ I understand the hope is to alleviate symptoms but I acknowledge that **NO GUARANTEE** has been given by anyone as to the results that I may have.

_____ I understand that this procedure is not covered by insurance and I am responsible for the total charges.

_____ I certify that I understand all the information above in its entirety, have had my questions answered, and am aware of the potential side effects explained.

Patient Signature

Date

Surgeon's Signature

Date

Arthroscopy

Fracture Care

Hand Surgery

Knee Ligament
Reconstruction

Foot & Ankle Surgery Joint

Replacement Hip

Resurfacing Sports Injuries

Arthritis Surgery

Microsurgery

Adult & Children's
Orthopedics