IRON MOUNTAIN
ORTHOPAEDIC INSTITUTE

## Informed Consent for Biologic Procedures

**Patient**

**Procedure(s) to be Performed**

Platelet Rich Plasma (PRP)

**Biologic(s) to be Administered**

_____ I consent to the procedure(s) and biologic(s) listed on this consent as well as any other procedures that are necessary or advisable in the judgment of the physician.

_____ I understand that complications can arise during any invasive intervention, including injections, surgery, use of Biologics, drugs and anesthesia. The most common complications from invasive procedures are pain, infection, swelling, bleeding, and bruising.

_____ In the case of interventional biologics procedures, there is a true potential for non-healing or failure of the procedure. I understand that rarely, more serious complications can occur, such as temporary or permanent numbness, neurovascular injuries, possible bone fractures, and delayed healing. Life-threatening complications are possible with this and any many interventional procedures but are exceedingly rare. Side effects can be worsened by the use of alcohol or other drugs.

_____ I fully understand that there is no warranty or guarantee of any result and/or cure.

_____ I understand that the biologic being used may or may not be covered by my insurance company and I have discussed the cost and potential insurance with my doctor.

_____ I understand that the Orthobiologic injections may or may not be approved by the FDA for specific treatment indications and may be used “off-label.” Please discuss any concerns with your doctor prior to the procedure. **We do not** use any orthobiologic injections that are not allowed by the FDA.

By signing below, I acknowledge that I have read this document and understand the information presented and I have had the opportunity to discuss all possible risks and alternatives to this procedure.

_____ **Total Charge:**_____**Patient Initials:**_____

**Patient Signature**

_____ _____

**Date** **Physician Signature**