

Beverly Medical Center

Before PRP Facial/Skin Instructions

Prior to Procedure Patient Instructions for Facial/Skin Platelet Rich Plasma Treatment

1. Drink at least 32 ounces of water prior to coming to the facility to hydrate well. This facilitates drawing the blood needed.
2. Eat a meal prior to coming to the facility. This helps avoid any lightheadedness due to low blood sugar.
3. Avoid taking any NSAID type medications within 5 days prior to the procedure – these include but is not limited to: ibuprofen, “Advil”, “Motrin”, “Voltaren (Diclofenac)”, “Indocin” (Indomethacin)”, Ketoprofen, “Mobic”, Meloxicam, “Naprosyn”, Naproxen, “Celebrex”, Celecoxib, Piroxicam, Sulindac, “Clinoril”.
4. Avoid having Platelet Rich Plasma if it has been within 2 weeks of having Botox injections, fillers, any type of laser treatment or dermabrasion in the area you are intending to have the Platelet Rich Plasma treatment. (Either 2 weeks before or 2 weeks after.)
5. If you had fillers, laser treatment, ultrasound (Altatherapy) or any other treatment within the last month and you still have swelling then wait until this has resolved before coming in for PRP.
6. Avoid having Platelet Rich Plasma treatment after having a facelift or any kind of facial surgery or neck surgery until you are completely healed from the procedure, which would be at least 6 weeks after the procedure and must obtain clearance from the surgeon.
7. It is critical to fill out all the forms and make sure to mark and tell the practitioner if you have any serious skin disorders.
8. Let the practitioner know if you are prone to keloids and to what extent. If you always keloid or keloid severely and then this treatment is not appropriate for you.
9. Avoid having oral corticosteroids (prednisone, cortisone, methlprednisolone, “Medrol Dospak”, “Pred Pack”, or any other type of corticosteroid within 2 weeks of having your Platelet Rich Plasma injections.
10. It is not advisable to have a Platelet Rich Plasma treatment if you currently have blood or bone cancer. Make sure to let the practitioner know if you have had either of these in the past.
11. Make sure to let the practitioner know if you have severe anemia (Hb of 10 or less) or a low platelet count (less than 105).

Beverly Medical Center
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COVID-19 RISK INFORMED CONSENT

I _____ (patient name) understand that I am opting for an elective treatment/procedure/surgery that is not urgent and may not be medically necessary. I also understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact; and, as a result, federal and state health agencies recommend social distancing. I recognize that Dr. Beverly Goode-Kanawati, DO, Sandra Britt, ANP-C and all the staff at Beverly Medical Center are closely monitoring this situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with this elective treatment/procedure. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective treatment/procedure, and I give my express permission for Dr. Beverly Goode-Kanawati, DO, Sandra Britt, ANP-C and all the staff at Beverly Medical Center to proceed with the same.

I understand that, even if I have been tested for COVID and received a negative test result, the tests in some cases may fail to detect the virus or I may have contracted COVID after the test. I understand that, if I have a COVID-19 infection, and even if I do not have any symptoms for the same, proceeding with this elective treatment/procedure can lead to a higher chance of complication and death.

I understand that possible exposure to COVID-19 before, during, and after my treatment/procedure may result in the following: a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy, Intensive Care treatment, possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications, and the risk of death. In addition, after my elective treatment/procedure, I may need additional care that may require me to go to an emergency room or a hospital.

I understand that COVID-19 may cause additional risks, some or many of which may not currently be known at this time, in addition to the risks described herein, as well as those risks for the treatment/procedure itself.

I have been given the option to defer my treatment/procedure to a later date. However, I understand all the potential risks, including but not limited to the potential short-term and long-term complications related to COVID-19, and I would like to proceed with my desired treatment/procedure.

INFORMED CONSENT FOR COVID-19 RISK I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS AND CONSENT TO THE PROCEDURE.

Patient or Person Authorized to Sign for Patient _____

Witness _____ Date/Time _____

_____ I have been offered a copy of this consent form (patient's initials) _____

Practitioner: _____

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BEVERLY MEDICAL CENTER

PLATELET RICH PLASMA (PRP)

Informed Consent for PRP Aesthetic Applications and Skin Rejuvenation

Platelet Rich Plasma, or also known as “PRP” is an injection treatment whereby a person’s own blood is used. A fraction of blood (approximately 20cc-55cc) is drawn up from the individual patient into a syringe. This is a relatively small amount compared to blood donation which removes 500cc. The blood is spun down in a centrifuge to separate its components (Red Blood Cells, Platelet Rich Plasma, and Plasma. The platelet rich plasma is first separated and then injected into the area to be treated where there is a release of growth factors from the platelets which in turn amplifies the healing process. Platelets are very small cells in your blood that are involved in the clotting and healing process. When PRP is injected into the damaged area it causes a mild inflammation that triggers the healing cascade. The platelets promote healing and tissue responses including attracting stem cells to repair the damaged area. As a result new tissue begins to develop. When treating injured or sun and time damaged tissue they can induce a remodeling of the tissue to a healthier and younger state. The full procedure takes approximately one hour.

Generally 2-3 treatments are advised, about 2-3 months apart, however, more may be indicated for some individuals. Touch up treatment may be done once a year after the initial group of treatments to boost and maintain the results.

BENEFITS of PRP: Along with the benefit of using your own tissue therefore eliminating allergies there is the added intrigue of mobilizing your own repair mechanisms for your benefit. PRP has been shown to have overall rejuvenating effects on the skin as in: improving skin texture, fine lines and wrinkles, increasing volume via the increased production of collagen and elastin, and by diminishing and improving the appearance of scars.

Other benefits: minimal down time, safe with minimal risk, short recovery time, natural looking results, no general anesthesia is required.

CONTRAINDICATIONS: PRP used for aesthetic procedures is safe for most individuals between the ages of 25-80. There are very few contraindications, however, patients with the following conditions are not candidates: 1) Acute and Chronic Infections 2) Skin diseases (i.e. SLE, porphyria, allergies) 3) Cancer 4) Chemotherapy 5) Severe metabolic and systemic disorders 6) Abnormal platelet function (blood disorders, i.e. Haemodynamic Instability, Hypofibrinogenemia, Critical Thrombocytopenia) 7) Chronic Liver Pathology 8) Anti-coagulation therapy, 9) Underlying Sepsis, 10) Systemic use of corticosteroids within two weeks of the procedure, and 11) pregnant or breastfeeding.

RISKS & COMPLICATIONS: I have been informed that some of the Side Effects of Platelet Rich Plasma include: 1) Pain or itching at the injection site 2) Bleeding, Bruising, Swelling and/or Infection 3) Short lasting pinkness/redness (flushing) of the skin 4) Allergic reaction to the solution 5) Injury to a nerve and/or muscle 6) Nausea/Vomiting 7) Dizziness or fainting 8) Temporary blood sugar increase

I also understand that there may be other RISKS OR COMPLICATIONS, OR SERIOUS INJURY from both known and unknown causes. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the risks of the procedure.

RESULTS: Results are generally visible at 3 weeks and continue to improve gradually over the next 3-6 months with improvement in texture and tone. Advanced wrinkling cannot be reversed and only a minimal improvement is predictable in persons with drug, alcohol, and tobacco usage. Severe scarring may not respond. Current data shows results may last 18-24 months. Of course all individuals are different so there will be variations from one person to the next.

PHOTOGRAPHS: I authorize the taking of clinical photographs for historical, training, and/or promotional purposes. I understand confidentiality will be maintained.

CONSENT: My consent and authorization for this elective procedure is strictly voluntary. By signing this informed consent form, I hereby grant authority to the physician/practitioner to perform Platelet Rich Plasma “aka” PRP injections to area (s) discussed during our consultation, for the purpose aesthetic enhancement and skin rejuvenation. I have read this informed consent and certify 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 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 medicine is not an exact science and acknowledge that no guarantee has been given or implied by anyone as to the results that may be obtained by this treatment. I also understand this procedure is “elective” and not covered by insurance and that payment is my responsibility. Any expenses which may be incurred for medical care I elect to receive outside of this office, such as, but not limited to dissatisfaction of my treatment outcome will be my sole financial responsibility. Payment in full for all treatments is required at the time of service and is non refundable.

I hereby give my voluntary consent to this PRP procedure and release BEVERLY MEDICAL CENTER medical staff, and specific technicians 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 shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns. I agree, if I should I have any questions or concerns regarding my treatment / results I will notify this office at (919-844-4552) and/or provider after hours at Cell #919-872-0897 (call and text please) immediately so that timely follow up and intervention can be provided.

Patient Name (print)

Patient Name Signature

Date

Practitioner Name (print)

Practitioner Name Signature

Date

Beverly Medical Center Fee Schedule

Dr. Beverly Goode-Kanawati

New Patient Comprehensive- Up to 90 minutes	\$795.00
Follow Up Dr. Goode:	
15 minutes to 30 minutes	\$160.00
31 minutes to 45 minutes	\$244.00
46 minutes to 60 minutes	\$325.00
61 minutes to 1 hour and 15 minutes	\$399.00
1 hour and 16 minutes to 1 hour and 30 minutes	\$458.00
1 hour and 31 minutes to 1 hour and 45 minutes	\$565.00
1 hour and 46 minutes to 2 hours	\$650.00
Each additional up to 15 minutes	\$80.00

Sandy Britt Adult Nurse Practitioner

New Patient Comprehensive- Up to 90 minutes	\$695.00
Follow Up Sandy Britt:	
15 minutes to 30 minutes	\$150.00
31 minutes to 45 minutes	\$230.00
46 minutes to 60 minutes	\$285.00
61 minutes to 1 hour and 15 minutes	\$355.00
1 hour and 16 minutes to 1 hour and 30 minutes	\$425.00
1 hour and 31 minutes to 1 hour and 45 minutes	\$495.00
1 hour and 46 minutes to 2 hours	\$570.00
Each additional up to 15 minutes	\$70.00

Established, After hours phone calls (Urgent) \$50.00

Established, After hours phone calls (Non-Urgent) \$75.00

All above prices reflect in-office visits and remote consults (phone or video)

PRP Treatment:

One Knee \$395

Both Knees treated at the same time is \$595

Shoulder \$495

Trigger point injections will be \$395 per region; additional areas done at the same time will be \$95 per area

PRP Full Facial with injections and micro needling \$995

- **Partial Facial** eyes to forehead \$395
- **Partial Facial** chin to nose \$395
- **Partial Facial** or neck and decollete \$395
- **PRP for Hair Rejuvenation** \$495 for a single treatment or package of 3 treatments for \$1275 paid at the same time as the first treatment.

PRP Facial with micro needling and PRP Hair Combo before \$1390 after \$100 discount \$1290

Hormone Pellets:

Initial screening appointment by phone 10-15 minutes	Complementary
Visit with practitioner for exam and ordering of lab testing	\$175.00
Men's procedure (Includes 4 Pellets):	\$695.00
Women's procedure:	\$420.00
Each additional Pellet:	\$29.00

IV Nutrition Consultation Plus Lab

Consultation with provider	\$175.00
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Pregnancy Monitoring of Thyroid and Nutrition

-See policy for more information

\$700

Office Letters and Forms

\$45

Prescription Refill Requests not faxed

\$15

Billing and Cancellation Policy

Billing fees are determined by the time spent with the practitioner regardless of the amount of time set aside for scheduling purposes. These fees apply to office visits, phone consultations, and video consultations. Fees are subject to change without individual notice. Visit fees are non-refundable under any circumstance.

1. Payment is expected at the time of service. Our staff will provide you with a superbill which you may submit to your insurance company for reimbursement. We do not send medical records to insurance companies. We do not send letters for authorizations to insurance companies. We have opted out of Medicare; therefore, no claims can be submitted to Medicare for our office or medical procedures.

A ***minimum*** notice of 72 hours is required for appointment cancellations. Failure to fulfill this requirement will result in a cancellation fee of \$75.00.

I have read and agree to the above policy.

Signature of patient

Date

Printed name of patient