

**BEVERLY MEDICAL CENTER**  
**Preparing for your Platelet Rich Plasma (PRP) Hair Rejuvenation Treatment**

**Pre-Treatment Recommendations**

**Follow the following directions before your treatment:**

**Exercise:** Avoid indulging in strenuous exercise 24 to 48 hours prior to the procedure. You can perform your routine tasks, though.

**Increase Your Fluid Intake:** Increase your fluid intake 24 hours before the PRP therapy. Your average water intake on the day before surgery should be at least 3 to 4 glasses more than you normally drink. You can do this by simply drinking an extra glass of water at all three meals.

**No Fasting:** Fasting is not a pre-requisite for PRP procedure. Follow your routine diet plan even on the day before surgery. Have breakfast as usual on the day of procedure.

**Shampooing:** Feel free to take a bath and shampoo your hair on the morning of PRP session. If you don't shampoo your hair on the day of procedure, do this at least a day before, but make sure you come for the procedure with a clean scalp.

**Medications:** Review with the healthcare practitioner whether you can discontinue any blood thinning medications you are taking, if you are just on a baby aspirin just avoid taking the morning of the procedure. May take it after the procedure.

**Supplements:** If you are currently taking vitamin C and a mineral supplement, please STAY on these as they will enhance your treatment. You may continue other supplements as well, please give a complete list to the health care practitioner at the time of your consultation.

**Smoking and Alcohol:** Avoid cigarettes and alcohol for at least three days prior to the PRP therapy. But remember the more you avoid these toxins the better it will be for you, as studies have shown that nicotine in cigarettes really impact the healing process and hair growth.

**Beverly Medical Center**  
**Dr. Beverly Goode-Kanawati D.O.**  
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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) Injections**  
**Informed Consent**  
**For Hair Loss**

I \_\_\_\_\_ have been advised and consulted about the injection technique of Platelet Rich Plasma.

I have been advised that Platelet Rich Plasma is an established treatment technique used to tighten and strengthen weak and damaged ligaments and tendons which are believed to cause pain and instability. It is also used to decrease pain and improve function in some forms of arthritis.

The technique requires the injection of Platelet Rich Plasma derived from my own blood according to standard blood collection and injection techniques. The site of injection is where the ligament or tendon attaches to the bone, at the joint capsule, or inside the joint. A homeopathic product called Trameel may be added to enhance the effect of the Platelet Rich Plasma injections.

I have been informed that the procedure has been used on many patients and has been proven safe. The procedure may initially increase the painful area or reproduce symptoms for one to three days (and occasionally, as long as ten days), and then may decrease in intensity, but may not completely eliminate my symptoms. Usually gradual improvement generally occurs 2-6 weeks after Platelet Rich Plasma treatment. Some patients report ongoing improvement 6-9 months after Platelet Rich Plasma therapy. I understand that repeat injections may be needed and could be performed 2-4 weeks or more apart. I understand the benefits of the procedure are improved or resolved pain and improved function.

I have been informed that the alternatives to Platelet Rich Plasma are:

- Do nothing
- Surgical intervention may be a possibility
- Injection with steroids (not long lasting results)
- Acupuncture

I have been informed that the risks and complications of Platelet Rich Plasma are:

- Immediate pain at the injection site
- Stiffness in the injected joint
- Bruising
- Allergic reaction
- Infection
- Nerve or muscle injury
- Nausea
- Dizziness or fainting
- Swelling after joint injections
- Bleeding
- Temporary blood sugar increase
- Itching at injection site

I have been informed that the risks of not having treatment are:

- No relief of pain

- Continued instability of the damaged joint or ligament and probable worsening of pain.

I understand that there may be other RISKS, 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.

**Payment:** 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 have read (or have had read to me) the above consent. Beverly Medical Center has explained the procedure(s) to me so that I fully understand it(them). No guarantee of successful treatment has been implied. I understand that I am entitled to a copy of this consent form upon request.

I understand that this procedure is an out of pocket procedure and I am responsible for the total charges.

	Please Print Patient or Legal Guardian	Date
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	Signature Patient or Legal Guardian	Date
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	Please Print Physician or Practitioner	Date
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	Signature Physician or Practitioner	Date
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	Please Print Witness	Date
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	Signature Witness	Date
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# 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

**BEVERLY MEDICAL CENTER**  
**Platelet Rich Plasma (PRP) Hair Rejuvenation Treatment**  
**Post-Treatment Instructions**

**Cold Compresses:** Immediately after the procedure, your scalp may feel sore and tender. Use cold compresses to alleviate these symptoms, but be gentle.

**Massage Scalp:** It is recommended to gently massage your scalp three times per day for three to four days following the treatment. This will allow even and efficient distribution of the PRP.

**Exercise:** Avoid heavy exercise immediately after the procedure. Resuming your workout routine after 24 hours is fine.

**Shampooing:** Lightly shampoo hair 24 hours after the treatment and apply hair serum. We recommend using: <https://andalou.com/collections/age-defying-argan-stem-cells/products/argan-stem-cell-age-defying-3-step-system-kit>

**Hair Coloring and Hair Styling:** Wait for at least 10 days before you dye your hair. As for hairstyling products (hair sprays, mousses, and gels) are concerned, you can use them 36 hours after the procedure. But better to avoid them for 3 to 5 days. Use as natural, low chemical products that you are willing.

**Avoid Sun Exposure:** Sunlight should not reach your scalp directly for at least 10 days. Cover your scalp with a hat as you go out during day time.

**Medicines:** Avoid all blood thinning medicines for at least a week or two post-procedure. Blood thinners can affect your healing ability big time. Also avoid NSAIDS — non-steroidal anti-inflammatory medications like Ibuprofen, Naproxen etc. If you have any questions please contact us. You may use Acetaminophen for pain. Other medications may be restarted the same or next day.

**Eating healthy:** Do your best to eat lots of fresh (or frozen) vegetables and organic berries. For protein sources avoid red meats and pork, and consume beans and poultry instead.

**Supplements:** use the supplied supplements and suggested supplements as follows:



**Bone and Mineral complete (first container provided)** — take 4 twice per day for at least the first week and then may reduce to 3 twice per day until you have finished the bottle. It is advisable to continue this product or something similar. Hair is made of minerals and they are critical to the development of new hair. You may also experience other benefits such as increase exercise endurance, reduction in aches and alleviation of leg and muscle cramps.

**Vitamin C (first container provided)**— take 2 per day for the first day then take 2 twice per day after that. If any loose stool then reduce the dose by one pill per day until stools normalize. If you in general experience constipation, then add one daily until that problem is alleviated. You may experience some gas as you increase the dosage. Vitamin C is critical for collagen production as well as overall healing therefore important to the healing of the hair follicles and new hair growth.

**OPTIONAL: Quercetin Forte is a bioflavonoid blend that reduces pain and inflammation** and participates in the healing of tissues in conjunction with vitamin C. You may wish to obtain this to help reduce inflammation and pain as well as accelerate healing. Take 4 twice per day the first 10 days and then may continue on this or reduce to 2-4 per day.

**OPTIONAL: DIM 200mg** - is a substance obtained from cruciferous vegetables that helps reduce the formation of DHT — a “bad” type of testosterone that contributes to hair loss. In women it helps reduce DHT as well as “bad” types of estrogen. Take 2-3 per day.

**Alcohol and Smoking:** Cigarettes and alcohol that you had quit a week before procedure remains a “No” for a week after the treatment.

**Follow these aforementioned instructions carefully and stay assured you'll get the best results possible from your treatment.**

**For best results, we recommend a minimum series of 3 treatments every 4-6 weeks.**

**Please schedule your follow up treatments before you leave the office.**

**If you have ANY questions or problems, please call and/or email during working hours. Office 919-844-4552, [info@beverlymedicalcenter.com](mailto:info@beverlymedicalcenter.com) for after hours urgent questions — please call AND text to 919-827-0897.**