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Consent Form for
Phlebotomy and PRF Development

Patient Name: _____ **Date** _____

Your surgeon has recommended the use of Platelet Rich Fibrin (PRF) to help your healing. Platelet Rich Fibrin is a component of your own blood, which contains growth factors that are known to stimulate bone and soft tissue healing. It is sterilely processed from your blood and is therefore safe from transmission of diseases from others.

To process PRF, about 55 ml of blood (1/4 a coffee cup) will be drawn from a vein using an aseptic technique. This is termed phlebotomy and is accomplished with a sterile needle, which is inserted into a vein through the skin. This is generally a safe technique but complication may arise from this portion of the procedure. These complications are rare but may include bleeding under the skin, infection, nerve injury, and others. Your blood will be processed in an FDA approved device in fifteen minutes. It will be placed into your surgical site to promote healing.

I certify that I have had an opportunity to fully read the above information and I understand the terms and words within, as well as any explanations made or referred to. I also state that I speak, read, write and understand English. My signature below indicates my understanding of my proposed treatment and I hereby give my willing consent to the use of PRF.

Patient (or Legal Guardian) Signature

Date

Witness Signature

Date

Doctor Signature

Date

Rev 11/16