

**Auckland Regenerative Clinic**  
**Dr. Hassan Mubark- Rheumatologist FRACP**



Ormiston Specialist Centre  
125 Ormiston Road  
Flat Bush  
Auckland

➔ **PATIENT'S NAME:** .....

**Platelet-Rich Plasma (PRP) informed consent as an alternative (experimental) autologous therapy -using your own blood with or without hyaluronic acid (viscous injection)**

This is an alternative therapy (experimental) and accepted practice in New Zealand, as it is your own blood, the principle behind PRP is that your own platelets (which contain natural growth factors) are extracted through the centrifuge technique and injected into the affected musculoskeletal part to enhance the natural healing for the inflammation in the tendons, joints, and other soft tissues, but it does not regenerate the cartilage or heal the tendon or ligament. It might help with symptoms, and improve movement, and quality of life.

**If you are pregnant or have active cancer, then we avoid PRP as PRP has a lot of growth factors.**

I understand that due to the natural variation in the quality of Platelet Rich Plasma results may vary between individuals. I am advised that though good results are expected, the possibility and nature of complications (infection, bleeding, local pain due to the initial inflammatory response, and in certain areas rare neuro-vascular injury) cannot be accurately anticipated.

Please do not use any anti-inflammatory medicine (like Brufen, Voltaren, Celebrex, naproxen. others) at least 1 week before and after the PRP. Natural anti-inflammatory preparations are ok to continue or use such as usual also you can use turmeric/glucosamine/chondroitin, paracetamol, codeine, and tramadol.

If you are on blood-thinning medications like warfarin or other anti-coagulant medicine-please let us know as this can increase the risk of bleeding. Aspirin 100 mg is ok to continue as weighing the risks and benefits of its use.

We advise you to have some rest, stretches, and possible physiotherapy/joint support bandages to help stabilize the area for the potential successful outcome of the therapy.

I acknowledge that *no guarantee* of benefit from this treatment has been given by anyone. I accept that no refund will be issued if no benefit occurs despite our best efforts.

➔ Patient's signature: \_\_\_\_\_ Patient or Legal Guardian (circle please)

**Practitioner's Affirmation of Discussion**

I, Dr. Hassan Mubark acknowledge that I provided relevant information regarding the applicable points noted above, concerning the course of treatment I am recommending. I also gave the patient an opportunity to ask to questions/provide my mobile/email details for any time needed after the procedure care and I answered those questions in terms the patient could understand to his/her satisfaction.

Practitioner's Signature \_\_\_\_\_ Date: \_\_\_\_\_