

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 autologous therapy -using your own blood with or without gel- hyaluronic acid.

Instructions:

Ensure proper hydration before undergoing PRP treatment. Discontinue any anti-inflammatory medications (such as Brufen, Celebrex, or Voltaren) at least two days prior to the procedure and avoid them for one week afterward. If you are taking blood-thinning medication, notify your specialist, as it may need to be temporarily paused. After the procedure, get adequate rest and limit or avoid alcohol for a few days.

This is an alternative treatment method that is recognized and commonly used in New Zealand. Since it utilizes your own blood, PRP works by isolating platelets—rich in natural growth factors—through a centrifuge process. These platelets are then injected into the injured musculoskeletal area to promote healing and decrease inflammation in joints, tendons, and other soft tissues. The therapy may help alleviate symptoms, enhance mobility, and improve overall quality of life.

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

I am aware that every person responds to PRP differently. Although positive outcomes are anticipated, I have been informed that complications are possible (infection, bleeding, local pain from the early inflammatory reaction, and in certain places, rare neuro-vascular injury).

We recommend taking time to rest, perform stretching exercises, and consider using physiotherapy or joint support bandages to help stabilize the affected area and improve the likelihood of a successful treatment outcome. I understand that no promises regarding the effectiveness of this treatment have been made. I also agree that a refund will not be provided if the treatment does not result in improvement, despite all reasonable efforts.

➔ Patient signature: _____

Practitioner's Affirmation of Discussion

I, Dr. Hassan Mubark, confirm that I have provided the necessary information related to the treatment plan outlined above. I also gave the patient the chance to ask questions, shared my clinic details for post-procedure support, and responded to all inquiries in a manner the patient could clearly understand and found satisfactory.

Specialist signature _____ Date: _____