



**Informed Financial Consent Form for Platelet
Rich Plasma Procedure**

Patient Name: _____ **Date of Birth:** _____

Medical Procedure: _____

Description of the Procedure:

I, the undersigned patient, have been informed about the details of the medical procedure I will undergo.

Costs:

I have been provided with the costs associated with the procedure. This fee includes the consumables for the procedure:

Total Cost: \$650 Non-Refundable Deposit: \$200

Acknowledgements:

I acknowledge that I have read and understood the information provided in this Informed Financial Consent Form. I have had the opportunity to ask questions and discuss any concerns regarding the medical procedure and its associated costs.

I understand that the **deposit** I have paid for this procedure is **non-refundable**. If I choose to **cancel** my procedure, I **will not be refunded** my deposit unless there is a medical reason not to proceed.

By signing this form, I give my informed consent to proceed with the medical procedure mentioned above, understanding the financial implications involved.

Patient Signature: _____ **Date:** _____

Doctor's Signature: _____ **Date:** _____