

Date:

Patient name:

Member ID:

DOB:

After careful dental/medical examination of the patient's condition, Dr. _____ has recommended the use of platelet-rich plasma (PRP) and/or platelet-rich fibrin (PRF) to enhance post-operative healing and prognosis. PRP/PRF is a component of the patient's own blood that contains growth factors. These growth factors will help to provide benefits for the patient, including reduced bleeding, enhanced soft-tissue healing, and bone regeneration.

[ENTER PATIENT'S SPECIFIC INFORMATION HERE]

The patient mentioned above has been fully informed about the use of PRP/PRF, the procedure(s) to be utilized for development, the risks, benefits, and alternatives, and was given the opportunity to ask questions and to discuss any concerns with Dr. _____. After thorough deliberation, the patient hereby fully consents to the PRP process.

Dental plan benefits for PRP/PRF should be allowed for the reasons mentioned in this narrative.

Please see pre-op and post-op x-rays attached with dental claim form and reach out to the office for any further questions.

Thank you.