

PLATELET RICH PLASMA TREATMENT RECORD

Your Name:

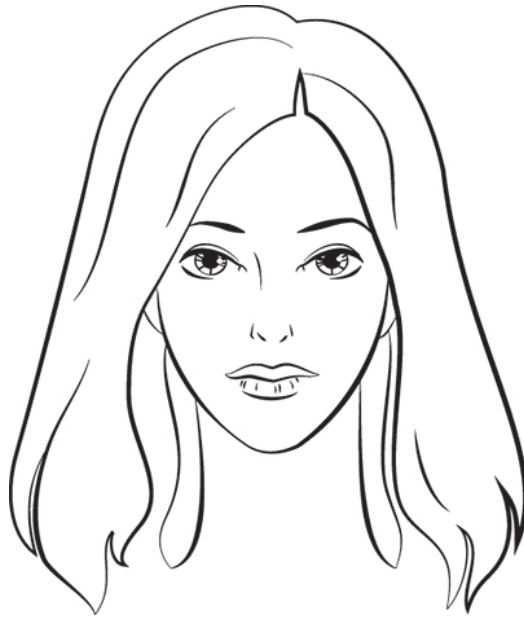
Recipient Name:

Volume Drawn:

Yield Final PRP:

Date:

Highlight each treatment area performed, Please include total volume injected for areas.



Total Volume
PRP injected _____



Lot Number:

Expiration Date:

Total per Treatment Areas:

Notes/ Lot Stickers:

Practitioner Signature: