



Sandy, Utah | Telehealth across UT, AZ, CO, MT, NV, ID, OR, WY

Hair Restoration

Consult Package for You

What to expect from your hair-loss consultation,
your treatment options, and how to get started.

Welcome

Hair loss is one of the most common, and most personal, things we treat. Whether you've noticed a widening part, a receding hairline, or more hair than usual in the shower drain, you're not alone, and you're not stuck.

At Nervana Medical, we take a whole-body approach to hair health. The right plan for you depends on what's actually causing the thinning, and that's almost never just one thing. Genetics, hormones, stress, nutrition, scalp inflammation, and the natural rhythms of your hair growth cycle all play a role. We work to address each of them.

This package walks you through how we evaluate hair loss, the treatments we offer, what realistic results look like, and what to expect at every step. Read it before your consultation so we can spend our time together on the questions that matter most to you.

Inside this package

- Understanding your hair loss
- How we diagnose and personalize your plan
- Treatment options: biologics, medications, and adjuncts
- What results look like and how long they take
- Pricing and packages
- Frequently asked questions
- Consent and pre/post-care instructions

Understanding Your Hair Loss

Hair loss isn't one condition; it's a family of them. Knowing which type you have is the single most important step, because the treatments that work for one type don't always work for another.

The most common types we see

1. Androgenetic alopecia (pattern hair loss)

This is the most common cause of hair loss in both men and women. It's genetic and hormone-driven. Specifically, your hair follicles are sensitive to a hormone called DHT (dihydrotestosterone), which gradually shrinks them so they produce thinner, shorter hairs over time.

In men: usually starts at the temples or the crown and progresses in a predictable pattern (the Norwood scale).

In women: usually shows up as a widening part and overall thinning across the top of the scalp, while the frontal hairline stays intact (the Ludwig scale).

Pattern hair loss responds best to treatment when it's caught early, while the follicles are still alive and producing some hair. Once a follicle has been miniaturized long enough, it can stop growing entirely.

2. Telogen effluvium (stress / illness shedding)

A sudden, diffuse shed, usually 2–4 months after a trigger like a major illness, pregnancy, surgery, severe stress, rapid weight loss, or a new medication. The good news: it almost always grows back once the trigger is resolved. The not-so-good news: it can unmask underlying pattern hair loss and accelerate it if it isn't addressed.

3. Alopecia areata

An autoimmune condition that causes round patches of complete hair loss. It often comes and goes, and it's treated very differently than pattern loss, usually with topical or injected steroids, or newer immune-modulating medications. We'll refer to dermatology when we suspect this.

4. Scarring alopecias

A group of conditions where inflammation permanently damages the follicle. Treatment is time-sensitive: these need to be diagnosed early and managed by a dermatologist to prevent permanent loss.

5. Nutritional, hormonal, and medical causes

Iron deficiency, thyroid disease, vitamin D deficiency, uncontrolled blood sugar, and certain medications can all cause or worsen hair loss. Part of our workup is checking the basics so we're not treating regenerative therapy on top of a fixable medical problem.

How We Figure Out What's Going On

A good hair restoration plan starts with a good diagnosis. At your consultation, we'll do four things:

1. Take a thorough history

When did you first notice it? What's the pattern? Family history? Medications? Recent illnesses, pregnancy, stress, weight changes? Diet? Hair care routine? Other symptoms?

2. Examine your scalp

We'll look at the pattern of loss using standardized scales (Norwood for men, Ludwig for women), assess follicle health, and check for signs of inflammation or other changes that point us toward the right diagnosis.

3. Hair pull test

A quick, painless test to see whether you're actively shedding more than normal.

4. Lab workup (when indicated)

Hair loss is often the first sign that something else is off. We commonly check:

- CBC: checks platelet count and screens for anemia
- Ferritin: iron stores (one of the most common reversible causes)
- Vitamin D: affects inflammation and the hair growth cycle
- TSH and full thyroid panel: thyroid disease is a major hair-loss driver
- Hemoglobin A1c and fasting insulin: metabolic health affects follicles
- hs-CRP: measures systemic inflammation
- Vitamin B12 and folate: needed for cellular turnover
- Hormone panel (testosterone, DHEA-S, estradiol, prolactin): when there's a hormonal pattern

If your insurance covers labs, we'll send the order through your insurance. If not, we offer competitive cash-pay pricing.

If you are interested in obtaining labs to further dive into your hair loss (recommended), we will help you get scheduled for a lab consultation.

Your Treatment Options

There is no single best treatment for hair loss. The strongest evidence, and the best real-world results, come from combining a few therapies that work in different ways. Below is a plain-language summary of each.

Medical therapies (the foundation)

Topical minoxidil

FDA-approved. The most-studied topical for hair loss. Works by improving blood flow to the scalp and prolonging the hair-growth phase. Applied once or twice daily. Most people see early changes around 8–12 weeks, with the biggest gains between months 4–6, and continued improvement up to a year. It must be used consistently. If you stop, the regrown hair will shed within a few months.

Topical finasteride

A newer formulation of an old medication. Blocks DHT at the scalp with much lower systemic exposure than the oral version, which means fewer side effects. Strong evidence when combined with topical minoxidil. Available as a compounded prescription.

Oral minoxidil (low-dose)

A small once-daily pill, well-studied at low doses (usually 1–5 mg for men, 0.5–1 mg for women). A 2025 meta-analysis of nearly 3,000 patients found efficacy comparable to topical minoxidil with the convenience of a pill. Side effects can include mild fluid retention, increased body hair, and occasional dizziness. Not for everyone. We screen blood pressure and heart history first.

Oral finasteride or dutasteride (for men)

DHT-blockers. Finasteride is FDA-approved for male pattern hair loss; dutasteride is off-label but appears more effective in head-to-head studies. Side effects are uncommon but warrant a real conversation before starting (sexual side effects, mood effects in a minority of users). We discuss risks and benefits at the visit.

Spiroglactone (for women)

An anti-androgen that blocks the effect of DHT at the follicle. Best evidence is in premenopausal women with female-pattern loss, usually at 100–200 mg/day. Often combined with topical or oral minoxidil for an additive effect. We monitor blood pressure and potassium.

Regenerative biologics

These therapies use signaling molecules (your own platelets and growth factors, or carefully prepared adjuncts) to wake up dormant follicles and improve scalp health. They are typically delivered with a combination of microinjections and microneedling so the biologic reaches the follicle from multiple angles.

PRP (Platelet-Rich Plasma)

The most-studied regenerative treatment for hair. A small blood draw is processed in a centrifuge to concentrate your platelets, which are then injected into the scalp. Platelets release growth factors that improve circulation, reduce shedding, and increase hair thickness. Multiple meta-analyses show meaningful gains in hair density and thickness at 3–6 months. Best for early to moderate pattern loss.

Typical protocol: an initial series of 3–6 sessions, spaced about 1 month apart, followed by maintenance every 6–12 months.

PRF (Platelet-Rich Fibrin)

A newer cousin of PRP. Same blood draw (60–80 mL across 6–8 tubes), but processed without anticoagulants, so it forms a fibrin matrix that releases growth factors more slowly over 7–14 days. May provide longer-lasting follicle stimulation per session. We use it on its own or paired with PRP.

Combo option: Our Combo PRP + PRF session delivers both biologics in one visit. A comprehensive choice for patients who want the strongest possible biologic stack.

Exosomes (Anteage)

Tiny cellular messengers that carry growth factors and signaling molecules. We use Anteage hair exosomes, microneedled into the scalp. No blood draw required. Recent clinical studies (2022–2025) show density gains of 9–35 hairs/cm² and improvements in hair thickness with a strong safety profile. The evidence base is newer than PRP (we're honest about that), but it's growing quickly and the early signal is encouraging.

Typical protocol: 3 sessions, 1 month apart, then maintenance every 12–18 months. A longer maintenance window than PRP/PRF.

PDGF (Platelet-Derived Growth Factor)

PDGF is one of the key growth factors that maintains the stem-cell pool at the base of your hair follicles. We deliver 1 syringe with microneedling. No blood draw. Early clinical data shows around 30–40% density gains at 6 months. As with exosomes, the evidence base is smaller than PRP's. We'll always tell you where the science is strong and where it's emerging.

Typical protocol: 3 sessions, 1 month apart, then maintenance every 6–12 months.

Adjunctive therapies

Microneedling (included with all regenerative biologics)

Controlled microchannels in the scalp open pathways for topical actives (minoxidil, PRP, exosomes, PDGF) and trigger a healing response that can stimulate follicles on its own. Strong evidence for microneedling + minoxidil over minoxidil alone, including faster onset (around 6 weeks vs 10) and significantly higher hair counts.

Low-level light therapy (LLLT)

FDA-cleared at-home or in-clinic devices that use red light to stimulate the scalp. A 2024 meta-analysis (over 3,000 patients) showed meaningful hair density gains versus placebo, with the biggest effects after about 20 weeks of consistent use. Painless, no downtime.

Nutraceuticals

Targeted supplements (most commonly Nutrafol) can address some of the underlying contributors to thinning (stress hormones, micronutrient gaps, inflammation). They work best alongside other therapies, not instead of them.

Provider-managed prescription support

Our hair restoration packages include 6 months of complimentary provider management of oral or topical prescription medications (minoxidil, finasteride, etc.), meaning dose adjustments, side-effect check-ins, and refill coordination with no extra visit fee. Medications are not included in the package price; we send the prescription to your preferred pharmacy.

What Results Look Like

Hair grows in slow, predictable cycles. No treatment produces overnight results, and any clinic that promises that isn't being honest with you. Here's the timeline we set for ourselves:

Month 1–2

You may notice a temporary increase in shedding. Counterintuitive, but expected: it's old hairs being pushed out by new ones entering the growth phase.

Month 3–4

Shedding slows. New, fine hairs (sometimes called 'vellus' hairs) start to appear. Hair feels stronger at the root.

Month 4–6

The biggest visible changes show up here. Increased density, thicker individual hairs, and improved coverage in thinning areas.

Month 6–12

Continued, gradual improvement. We re-photograph and reassess at 6 months to decide whether to keep the same protocol, adjust, or shift to maintenance.

We take standardized before/after photos at baseline, 3 months, and 6 months. You'll see what we see, which makes it easier to know whether we're on track.

How long results last

Treatments slow the underlying process; they don't cure it. Most patients need maintenance sessions (every 6–12 months for biologics, daily/ongoing for topical and oral therapies). Stopping treatment entirely usually means losing the gains within a year.

Pricing & Packages

Below are our standard packages. We'll personalize a plan at your consultation based on your goals, type of hair loss, and budget.

Service	Price	What's included
Initial Hair Restoration Consultation	Complimentary *	Full scalp evaluation, history, photo baseline, personalized treatment plan. *Lab workup billed separately.
PRP Hair Restoration: single session	\$600	Microneedling + injected PRP (4 × 10 mL or 2 × 20 mL tubes). ~60 min.
PRP Hair Restoration: 3-Pack	\$1,500	3 sessions, 1 month apart. Save \$300 vs single. Standard starting protocol; can extend to 6 sessions for advanced thinning.
PRF Hair Restoration: single session	\$650	Microneedling + injected PRF (6–8 tubes; 60–80 mL blood draw). Additive-free option with sustained growth-factor release.
PRF Hair Restoration: 3-Pack	\$1,750	3 sessions, 1 month apart. Save \$200 vs single.
Combo Hair Restoration: PRP + PRF (single)	\$1,000	Microneedling + injected PRP AND PRF in one session. Comprehensive option combining both biologics.
Combo Hair Restoration: PRP + PRF (3-Pack)	\$2,600	3 combo sessions, 1 month apart. Save \$400 vs single. Our most comprehensive biologic series.
Exosome Hair Restoration (Anteage): single	\$650	1 vial of Anteage hair exosomes + microneedling. No blood draw needed.
Exosome Hair Restoration: 3-Pack	\$1,750	3 sessions, 1 month apart. Save \$200 vs single. Maintenance every 12–18 months.
PDGF Hair Restoration: single session	\$650	1 syringe PDGF + microneedling. No blood draw needed.
PDGF Hair Restoration: 3-Pack	\$1,750	3 sessions, 1 month apart. Save \$200 vs single. Maintenance every 6–12 months.
Nutrafol: Men, Women 18–44, Women's Balance 45+	*ask front desk	Sold in clinic; ask about member pricing.
Plated Hair Exosomes (at-home topical)	*ask front desk	Daily at-home topical to complement in-clinic series.

Financing: We offer Advance Care and most HSA/FSA cards. Ask about payment plans at booking.

Subject to change. Final pricing is confirmed at the time of booking.

Frequently Asked Questions

Will my hair loss come back if I stop treatment?

Yes, mostly. Treatments slow the process; they don't cure it. Once you stop, the underlying genetic and hormonal drivers continue. Most patients move from an intensive starting phase into a maintenance phase rather than stopping altogether.

Will PRP hurt?

There's a small pinch from the blood draw and the scalp injections feel like quick stings. We use topical numbing and offer cooling and distraction techniques during the procedure. Most patients rate it 2–4/10 on the discomfort scale.

How soon will I see results?

Reduced shedding around 6–8 weeks. Visible new growth around month 3–4. Best results around month 6. Standardized photos help you see what's hard to notice in the mirror.

Can I do this if I have other medical conditions?

Most people qualify. The main contraindications for biologic treatments are active scalp infection, certain blood disorders, blood thinners we can't safely pause, active cancer under treatment, and pregnancy/breastfeeding. We screen for these at the visit.

Will this work if I'm completely bald?

No. These therapies stimulate living follicles. If an area has been completely smooth for years, those follicles are gone and we can't bring them back with biologics. That's hair transplant territory, which we can refer you for.

Can men and women get the same treatments?

Yes, with adjustments. Some medications (oral finasteride/dutasteride) are for men; some (spironolactone) are for women. Biologics, microneedling, LLLT, and most topicals are appropriate for either.

What if I'm in a Western state but not Utah?

We offer telehealth visits across Utah, Arizona, Colorado, Montana, Nevada, Idaho, Oregon, and Wyoming. In-clinic procedures (PRP, PRF, exosomes, PDGF, microneedling) happen at our Sandy, Utah location. Many out-of-state patients fly in for a treatment series and continue medical management remotely.

Is this covered by insurance?

Hair restoration is considered cosmetic, so it's not covered. Lab workup may be covered, depending on your plan and the indication. HSA/FSA cards are often accepted.

What about hair transplant?

Hair transplant is the right answer for some patients, particularly men with advanced loss in defined areas. We don't perform transplants in-house, but we refer to trusted surgeons and can manage your pre- and post-transplant medical care.

Informed Consent: Regenerative Hair Restoration (In a Nut Shell)

This consent covers Platelet-Rich Plasma (PRP), Platelet-Rich Fibrin (PRF), Exosome, and Platelet-Derived Growth Factor (PDGF) treatments for hair restoration. Please read paperwork attached to your particular service appointment for additional details.

Procedure description

PRP/PRF: A small sample of your blood (typically 30–60 mL) is drawn from your arm and spun in a centrifuge to concentrate platelets or form a fibrin matrix. The resulting product is delivered into the scalp via micro-injection and/or topical application combined with microneedling.

Exosomes: A medical-grade exosome product (sourced from a regulated supplier) is applied topically to the scalp in combination with microneedling. No blood draw is required.

PDGF: A medical-grade topical PDGF product is applied to the scalp in combination with microneedling. No blood draw is required.

FDA status

Some of these therapies are not FDA-approved for hair restoration; they are considered off-label. Off-label use is legal, common in medical practice, and does not imply experimental status but you should understand the regulatory context. I have had this explained to me.

Expected benefits

Possible benefits include: reduced shedding, increased hair density, increased hair shaft thickness, improved scalp health, and a slowing of pattern hair loss. Results vary, are not guaranteed, and typically appear gradually over 3–6 months with continued improvement up to a year.

Known risks and possible side effects

- Pain, bruising, swelling, or tenderness at the injection or treatment site
- Temporary scalp redness, itching, or flaking
- Mild post-procedure headache or scalp tightness
- Pinpoint bleeding or bruising at injection sites
- Infection (rare with sterile technique; signs include increasing redness, warmth, drainage, fever)
- Vasovagal response (light-headedness) during or after the blood draw
- Hair shedding in the first 2–4 weeks (usually a temporary part of the growth-cycle reset)
- Allergic reaction to lidocaine, numbing cream, or product components
- Persistent discomfort, scarring (very rare), or unsatisfactory cosmetic result
- Disappointment if results are less than hoped for

Smoking and other factors that reduce response

Smoking, uncontrolled diabetes, very low iron, untreated thyroid disease, and certain medications can blunt your response. I understand my provider may recommend correcting these factors for the best outcome.

Alternatives

Alternatives discussed: no treatment, medical therapy alone (topical/oral medications), low-level light therapy, nutritional and lifestyle interventions, hair transplant surgery (external referral).

Photography

Standardized clinical photographs will be taken at baseline and at follow-up visits to track progress. They become part of your medical record. They will not be used for marketing or social media without separate, specific written consent.

Financial responsibility

I understand the cost of treatment, that hair restoration is considered cosmetic and not covered by insurance, and that refunds are not provided for services rendered. I acknowledge that maintenance sessions are typically needed to preserve results.

No guarantee

No outcome has been guaranteed to me. I understand that medicine is not an exact science, that responses vary between patients, and that more or fewer sessions than originally planned may be needed.

Consent

I have read this consent, had my questions answered, and voluntarily consent to the treatment plan as discussed. I confirm I am at least 18 years of age and capable of giving consent.

Questions or concerns? Call 801-335-5243 immediately for timely follow-up.

Pre-Treatment Instructions

Following these steps for the week before your appointment helps your platelets and growth factors do their best work.

Two weeks before

- Schedule your treatment 2–4 weeks before any major event. Bruising and pinpoint scabs can take that long to fully fade.
- If you take systemic corticosteroids, talk to us about timing. We typically want at least 2 weeks off.
- If you've had a recent illness, infection, or fever, contact us. We may reschedule.

One week before

- Stop nonessential anti-inflammatory medications: ibuprofen, naproxen, aspirin (low-dose aspirin prescribed by a cardiologist is an exception; call us, don't stop on your own).
- Stop blood-thinning supplements: vitamin E, vitamin A, ginkgo, garlic, fish oil/omega-3s, flax oil.
- Tell us about any new medications since your consult.

Three days before

- Limit alcohol and avoid recreational drugs. They increase bruising and slow healing.
- Reduce caffeine if you tend toward anxiety or vasovagal episodes.
- **Hydrate well: at least 64 oz of water per day. This can directly affect results.**
- Eat protein-rich meals; your platelets respond to good nutrition.

The day before / morning of

- Eat a real meal 1–2 hours before your appointment. Low blood sugar makes the blood draw harder.
- Drink 16–24 oz of water in the 2 hours before arrival.
- Arrive with clean, dry hair: no products, oils, or heavy styling.
- If you frequently get cold sores and we're treating near the front hairline, ask about valacyclovir prophylaxis.
- Take acetaminophen (Tylenol) for pre-procedure comfort if needed. Avoid ibuprofen/aspirin.

Post-Treatment Instructions

The first 24–72 hours are when your platelets and growth factors are doing the most work. Treat your scalp gently.

First 6 hours

- Do not wash, scrub, or apply anything to the scalp; let the product absorb.
- Avoid touching, rubbing, or pressing on the treated area.
- If you had microneedling: leave the scalp alone, even if it feels tight or pink.

First 24 hours

- No vigorous exercise, sweating, sauna, hot tub, or steam room.
- No sun exposure on the scalp; wear a loose hat if outdoors.
- Avoid pool/lake/ocean water.
- Sleep on a clean pillowcase. Try to sleep on your back if possible.

First 72 hours

- No anti-inflammatory medications (ibuprofen, naproxen, aspirin) unless we tell you otherwise. Inflammation is part of the healing response and we don't want to block it. Acetaminophen (Tylenol) is fine for discomfort.
- No alcohol; it suppresses the healing response.
- No smoking; it does the same.
- Continue to avoid blood-thinning supplements.
- Gentle scalp wash on day 2 with lukewarm water and a mild shampoo if needed; pat dry.

First week

- Resume normal exercise gradually starting on day 4.
- Resume usual hair products on day 4 unless we tell you otherwise.
- Hold off on hair color, chemical treatments, or heat styling for at least 7 days.
- Continue your home topicals (minoxidil, finasteride) unless instructed to pause.

What's normal

- Mild scalp tenderness, tightness, redness, or itching for 1–3 days.
- Pinpoint scabs, bruising, or swelling that fades over 3–7 days.
- A brief increase in shedding 2–4 weeks after the session. This is your follicles cycling forward.

When to call us

- Fever > 101°F
- Increasing redness, warmth, or drainage from injection sites
- Severe pain that isn't relieved by Tylenol
- Signs of an allergic reaction (rash, hives, facial swelling, trouble breathing)
- Any other concern. We'd rather hear from you than not

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