





## **KYBELLA®** Treatment Consent Form

Please initial each section to indicate that you understand each topic. Do not initial if you desire more information.

## PROPOSED TREATMENT:

KYBELLA® is synthetic deoxycholic acid. Deoxycholic acid is a naturally occurring molecule in the body that aids in the breakdown and absorption of dietary fat. When injected into the fat beneath the chin, KYBELLA® destroys fat cells, resulting in a noticeable reduction in fullness under the chin. Once destroyed, these cells can no longer store or accumulate fat, so further treatment is not expected once you reach your desired aesthetic goal.

<b>Initials:</b>	

## **ANTICIPATED BENEFIT:**

KYBELLA® will treat the fat in the submental area. Results can start to be seen in as early as 6 weeks with best results in 12 weeks. I understand that several sessions may be needed to complete the injection series. I understand that there is a separate charge for any subsequent treatment series as described above.

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## RISKS AND COMPLICATIONS:

Possible side effects include:

- **Pain** Some people may feel some pain with this treatment. The pain may be stinging or sharp and may continue after the procedure and throughout the healing process.
- **Redness** There will be redness in the treatment area. The redness may be present for days to weeks.
- **Swelling** Swelling and firmness will be present after the procedure and may be present for weeks.
- **Bleeding / Bruising** You may get some bruising of the skin. The immediate bleeding / bruising will darken to purple and purple-yellow and will disappear in one to two weeks.
- **Infection** An infection of the wound is always possible. Any infection could last seven to ten days and could lead to scarring.
- Numbness and Nerve Injury Nerve damage and numbness is possible with this injection. The numbness should resolve in 1-3 weeks. KYBELLA ® also has possible serious nerve damage side effects including difficulty swallowing and nerve injury in the jaw that can cause an uneven smile or facial muscle weakness.

Patient Signature Date	Clinician Signature	Date
Patient Name Printed Date and Time	Witness Signature	Date
I have read the above information and underisks, and alternatives have been explained questions satisfactorily answered by my Placcept the risks and possible complication	d to me by my Physician and I have had hysician. I hereby freely consent to the	d all my related
PHOTOGRAPHS: I authorize the taking of clinical photograph both in publications and presentations. I und protected. If I do not wish to have my photospecialists will not be able to track my program.	derstand that my identity will be ograph taken, Vein and Body	Initials:
<b>FOLLOW-UP:</b> I agree to follow-up in 2-4 weeks after my f physician.	First treatment if asked to do so by my	Initials:
COSTS/FEES: Payment for this cosmetic procedure is my will be an additional fees for additional treatment.		Initials:
LIMITATIONS AND ALTERNATIVES Treatment can only be administered by a Ki specialist. At each treatment, you will receive your chin, and the injection process takes at number of injections will depend on the am and your desired profile. It is not uncommotis not recommended for the patient to have	YBELLA® –trained healthcare ive multiple small injections under bout 15 to 20 minutes. The exact ount of fat you have under your chin on to have 3 or more injections and it	Initials:
I understand there are certain conditions wh recommended. These include (A) neurologi and (B) pregnancy or breastfeeding. None of of these conditions apply than you may not	cal diseases such as myasthenia gravis of these conditions apply to me. If any	Initials: