

Kybella Consent Form

Kybella (deoxycholic acid) injection is indicated for improvement in the appearance of moderate to severe fullness associated with submental fat, also called "double chin," in adults. Deoxycholic acid is a bile acid naturally produced by our livers. Kybella is a synthetic form of this. The safe and effective use of Kybella for treatment of subcutaneous fat outside of the submental region has not been established. Kybella is injected into the fat under the chin. Multiple treatments are required and will be given at least 1 month apart.

Risks and Complications

Common potential side effects include:

- Swelling
- Bruising
- Pain
- Numbness
- Redness
- Areas of hardness in the treatment area
- Injections can also cause tingling, nodules, itching, skin tightness, and headache. These side effects typically resolve without treatment and do not usually result in patients stopping treatment.

Less common potential side effects include:

- Nerve injury: Kybella injections could cause nerve injury in the area of the jaw resulting in an uneven smile or facial muscle weakness. In the clinical trials these all resolved without treatment in an average of 6 weeks.
- Swallowing: Kybella injections can temporarily cause trouble with swallowing (this is thought to be due to neck swelling)

- Skin Ulceration—Kybella injections could cause superficial skin erosions.
- Hair Loss: Kybella injections could cause small patches of hair loss in the beard area.
- Unsatisfactory results: There is a possibility of unsatisfactory results. The procedure may also result in more noticeable platysmal bands, unacceptable visible deformities or asymmetry in the treatment area.

Before Kybella Injections

I have informed my healthcare provider if the following conditions apply to me

- Have an infection in the treatment area
- Have had or plan to have surgery on the face, neck or chin
- Have had cosmetic treatments on the face, neck, or chin
- Have had or have medical conditions in or near the neck area
- Have trouble swallowing
- Have bleeding problems or are taking blood thinners
- Are pregnant, plan to become pregnant, or lactating

Alternative Procedures

Alternatives to the procedures and options that I have volunteered for have been fully explained to me.

Payment

I understand that this procedure is cosmetic and that payment is my responsibility. I am aware of the prices and that this payment is my responsibility. Discounts may be applied but are not guaranteed.

One Syringe \$750 Two Syringes \$1375 Three Syringes \$1800

Right to Discontinue Treatment

I understand that taking the treatment course is my choice and that I am free to withdraw at any time, without giving any reason.

Informed Consent

All my questions were answered to my satisfaction and I consent to the procedure. The physician has explained to the patient/family/guardian the nature of my condition, the nature of the procedure, and the benefits to be reasonably expected compared with alternative approaches, including the likely result of not performing the procedure. The physician has discussed the likelihood of major risks or complications of this procedure. The physician has also indicated that with any procedure there is always the possibility of an unexpected complication.

Witness Signature

Date

Patient/Guardian Signature

Date