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**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.

Initials:\_\_\_\_\_\_

**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.

**Initials:\_\_\_\_\_\_**

**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.

**Initials:\_\_\_\_\_**\_

**PREGNANCY AND NEUROLOGICAL DISEASE:** I understand there are certain conditions where KYBELLA® is not recommended. These include (A) neurological diseases such as myasthenia gravis and (B) pregnancy or breastfeeding. None of these conditions apply to me. If any of these conditions apply than you may not continue with treatment.

**Initials:\_\_\_\_\_\_**

**LIMITATIONS AND ALTERNATIVES:** Treatment can only be administered by a KYBELLA® –trained healthcare specialist. At each treatment, you will receive multiple small injections under your chin, and the injection process takes about 15 to 20 minutes. The exact number of injections will depend on the amount of fat you have under your chin and your desired profile. It is not uncommon to have 3 or more injections and it is not recommended for the patient to have more than 6 injections.

**Initials:\_\_\_\_\_\_**

**COSTS/FEES:** Payment for this cosmetic procedure is my responsibility. I understand that there will be an additional fees for additional treatments.

**Initials:\_\_\_\_\_\_**

**FOLLOW-UP**: I agree to follow-up in 2-4 weeks after my first treatment if asked to do so by my injector.

**Initials:\_\_\_\_\_\_**

**PHOTOGRAPHS:** I authorize the taking of clinical photographs and their use for scientific purposes both in publications and presentations. I understand that my identity will be protected. If I do not wish to have my photograph taken, Glow Aesthetics & Wellness Studio,LLC will not be able to track my progress.

Initials:\_\_\_\_\_\_

I have read the above information and understand it. The treatment as well as potential benefits, risks, and alternatives have been explained to me and I have had all my related questions satisfactorily answered. I hereby freely consent to the treatment and accept the risks and possible complication of such treatment.

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Patient Name Printed Date & Time Witness Signature Date

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Patient Signature Date Clinician Signature Date