

KYBELLA® INFORMED CONSENT

This is an informed-consent document which has been prepared to help your Medical Injector inform you concerning Kybella® injections, its risks, likely effects and alternative treatments.

It is important that you read this information carefully and completely. Please sign the consent for this procedure as proposed by your Medical Injector and agreed upon by you, indicating that you have read the informed consent.

I, _____ authorize Medical Injector _____ to perform the following procedure: **Kybella®**.

Kybella® (deoxycholic acid) injection is a prescription medicine used in adults to improve the appearance and profile of moderate to severe fullness and fat below the chin (submental fat), also called “double chin”. Kybella® is injected into the fat under the chin as well as other areas of superficial fat for fat removal. Multiple treatments are usually required and will be given at least 1 month apart. It is not known if Kybella is safe and effective for use outside of the submental area.

SIDE EFFECTS AND COMPLICATIONS

Listed below are risks and common potential side effects reported during clinical studies that are specific to the injection of Kybella®:

1. **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.
2. **Redness:** There will be redness in the treatment area. The redness may be present for days to weeks.
3. **Swelling:** Swelling and firmness will be present after the procedure and may be present for weeks.
4. **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 1-2 weeks.
5. **Infections:** An infection on the wound is always possible. Any infection could last 7-10 days and could lead to scarring.
6. **Numbness/Nerve Injury:** Nerve damage and numbness is possible with this injection. The numbness should resolve in 1-3 weeks. Kybella® 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.

Kybella® injections can also cause tingling, nodule, itching, skin tightness and headache. These side effects typically resolve themselves without treatment and do not usually result in clients stopping treatment.

Less common potential side effects include:

1. **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 and do not usually result in clients stopping treatment in an average of 6 weeks.

2. **Trouble Swallowing:** Kybella injections can temporarily cause trouble with swallowing (this is thought to be due to neck swelling), superficial skin erosions and small patches of hair loss in the beard area. There is a possibility of an unsatisfactory result.
3. The procedure may also result in more noticeable platysma bands, unacceptable visible deformities or asymmetry in the treatment area.

Before receiving Kybella® clients should tell their healthcare provider about all of their medical conditions, including if they:

- 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 had or have trouble swallowing
- Have bleeding problems or are taking blood thinners

It is not known if Kybella® will harm an unborn baby; are breastfeeding or plan to breastfeed. It is not known if Kybella® passes into your breast milk. Please alert the Medical Injector if you are pregnant, planning to become pregnant, or are breastfeeding. If any of these apply, you should NOT do this procedure.

CONSENT

I understand and agree that all services rendered will be charged directly to me, and I am personally responsible for payment. I further agree, in the event of non-payment, to bear the cost of collection, and/or court costs and reasonable legal fees should they be required. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the injections and will also be your responsibility.

I agree to follow up with Body+Beauty Lab at the recommended intervals to monitor the effectiveness of the treatment, and to contact Body+Beauty Lab to advise of any change in my condition or any problem I may experience. I understand that no guarantees are implied as to the outcome of the procedure.

In signing this consent for this procedure, you acknowledge that you have read the informed consent and have been informed about its risks and consequences and accept responsibility for the clinical decisions that have been made, along with the financial costs of all treatments and future treatments. I understand that I have the right not to consent to this treatment and that my consent is voluntary. I hereby release the Medical Director, Medical Injector and Body+Beauty Lab from liability associated with this procedure. I give my informed consent for Kybella injection today as well as future treatments as needed.

Client Signature _____ Date _____

Medical Injector Signature _____ Date _____