



Consent For Kybella

_____ I understand that all skin reacts to treatments in some manner, and agree that I will notify the Manager as soon as possible if I experience a reaction that does not resolve within several hours or becomes progressively worse after leaving. I agree to follow all care instructions given by Setty Plastics and Aesthetics and understand that I will achieve optimal healing by following all home care instructions.

_____ I understand I am not a candidate if I have severe allergies, marked by a history of anaphylaxis or history or presence of multiple severe allergies, or if I have a history of allergies to gram-positive bacterial proteins or lidocaine contained in these products. I will notify my provider within the necessary forms if I have any of these existing conditions.

_____ I understand, as with all transcutaneous procedures, Kybella implantation carries a risk of infection and I agree to follow standard precautions associated with injectable materials.

_____ I understand the safety for use in patients with known susceptibility to keloid formation, hypertrophic scarring, and pigmentation disorders has not been studied.

_____ I understand the safety for use of Kybella in patients under 18 years has not been established.

_____ I understand that patients who are using products that can prolong bleeding (such as aspirin, nonsteroidal anti-inflammatory drugs, and warfarin) may experience increased bruising or bleeding at treatment sites.

_____ If laser treatment, chemical peel, or any other procedure based on active dermal response is considered after treatment, or if the product is administered before the skin has healed completely, there is a possible risk of an inflammatory reaction at the treatment site.

_____ I understand patients who experience skin injury near the site of implantation may be at a higher risk for adverse events

_____ I understand patients may experience late onset nodules with use of Kybella.

_____ I understand Kybella has the potential of temporary injection-site redness, swelling, pain/tenderness, numbness, firmness, lumps/bumps, bruising, discoloration, and itching.

_____ I consent to the use of photographs for recordkeeping purposes; these photographs may be taken before, during and after my treatments.

_____ I consent to the use of these photographs for providing information to other clients and to the public about my treatment. They may be shown during client consultations, as well as public promotional lectures and demonstrations, and may be reproduced in educational, instructional and promotional literature and on the Setty Plastics and Aesthetics website and social media outlets managed by Setty Plastics and Aesthetics and its employees. My identity will not be compromised.

_____ I understand I have the option of a 2 week follow up appointment, which is encouraged by Setty Plastics and Aesthetics to ensure safety and desired results have been achieved.

_____ I understand that a physician will be available for evaluation and follow up issues. Determination for an appointment with a physician will be made in consultation with management and myself.

_____ I confirm I am not currently pregnant or nursing and agree I will inform the technician if I do become pregnant, or am nursing in the future. I understand I cannot receive treatments while pregnant or breastfeeding. There are no known side effects, however, these treatments cannot be tested on pregnant or nursing women.

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_____ I have read and understand all the information presented to me before signing this consent. I understand the risks of side effects, despite proper treatment, exist in all cases, but can be greatly reduced by following the pre and post treatment instructions given to me. I understand the purpose of the procedures. I further understand that treatment results will vary between individuals and treated areas. I understand that there are many variables that may affect my treatments and that I have been made no promises of any results.

KYBELLA PRE & POST-TREATMENT INSTRUCTIONS

Pre-Treatment Kybella

- Do NOT consume alcoholic beverages at least 24 hours prior to treatment (alcohol may thin the blood and increase the risk of bruising), avoid anti-inflammatory/blood thinning medications, if possible for a period of 2 weeks before treatment, or any blood thinning medications which can increase the risk of bruising and swelling after injections.
- Schedule your appointment at least 2 weeks prior to a special event. Results from the injections may take approximately 4 to 7 days to appear. Also bruising and swelling may be apparent in that time period.
- Discontinue Retin-A 2 days before and 2 days after treatment.
- Reschedule your appointment at least 24 hours in advance if you have a rash, cold sore or blemish on the area. Notify Setty Plastics and Aesthetics if you have a history of cold sores.
- Be sure to have a good breakfast, including food and drink before your procedure. This will decrease the chances of lightheadedness during your treatment.
- You are not a candidate if you are pregnant or breast feeding.

Post-Treatment Kybella

- For most people, swelling is likely. Most cases reported were mild to moderate and lasted a median of 11 days.
- Do NOT manipulate the treated area for 3 hours following treatment. Do NOT receive facial/ laser treatments or microdermabrasion or any other injections in the area for at least 10 days. Ask your provider if you are not sure about the time frame of certain services.
- Do NOT lie down for 4 hours after your Kybella treatment. This will prevent movement of the medicine.
- Desired results may require more than one treatment. Follow up appointments may be scheduled no earlier than 6 weeks apart.
- Do NOT perform activities involving straining, heavy lifting, or vigorous exercise for 6 hours after treatment. This will keep the Kybella in the injected area and not elsewhere.
- Avoid heat (strenuous exercise, sun, etc.) for 72 hours.
- Avoid consuming excess amounts of alcohol or salts to avoid excess swelling, if you have swelling you may apply a cool compress for 15 minutes each hour, use Tylenol for discomfort.