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KYBELLA (deoxycholic acid) CONSENT FOR TREATMENT

PT.NAME: _____ **DOB:** _____

I duly authorize Dr. _____ to perform the Kybella injections and any other measures, which in their opinion may be necessary.

Possible Side Effects: After the procedure, there will be swelling. Other common results are bruising, pain, numbness, redness, and areas of hardness in the treatment area. The injections can also cause tingling, nodule, itching, skin tightness, and headache.

Less common potential side effects include:

- Nerve injury. Injections could cause nerve injury in the area of the jaw resulting in an uneven smile or facial muscle weakness. In clinical trials these all resolved without treatment in an average of 6 weeks.
- Swallowing. Injections can temporarily cause trouble with swallowing.
- Skin Ulceration. Injections could cause superficial skin erosions.
- Alopecia (hair loss). Injections could cause small patches of alopecia in the treatment area.
- Unsatisfactory results. There is a possibility of an unsatisfactory result from injections of Kybella. The procedure may result in unacceptable visible deformities or asymmetry in the treatment area.

Results: Kybella is injected into the fat under the chin (no more than 50 injections or 10ml under the skin). Kybella injections will be given at least 1 month apart. Clinical results may vary depending on a number of individual factors, including medical history, patient compliance with pre/post treatment instructions, and individual response to treatment. I UNDERSTAND THAT NO GUARANTEE CAN BE GIVEN AS TO THE FINAL RESULT OBTAINED.

Number of Treatments: I understand that results vary among individuals. I understand that although I may see a change after my first treatment, I may require a series of treatments to obtain my desired outcome, and the fee structure has been fully explained to me.

Purpose: Kybella (deoxycholic acid) injection is indicated for improvement in the appearance of moderate to severe convexity or fullness associated with submental fat, also called "double chin," in adults.

I understand treatment sites other than those studied by the FDA are considered "off label." _____ (patient initials)

Precautions and Warnings: Kybella should not be injected if there is an infection in the treatment area. You should tell your nurse about all of your medical conditions including if you:

- 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
- Are pregnant or plan to become pregnant
- Are breastfeeding

You should tell your nurse about all medications you are taking, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Especially medicines that prevent the clotting of blood (antiplatelet or anticoagulant medicine).

You should inform your healthcare provider if you develop signs of marginal mandibular nerve paresis (e.g., asymmetric smile, facial muscle weakness), difficulty swallowing, or if any existing symptom worsens.

Photos: I consent to the taking of photographs and authorize their anonymous use for the purpose of medical audit, education and promotion.

- I do not want my photos used as stated above and want them placed in my chart only. _____(Initials)

Questions: I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

I certify that I have been informed of the nature and purpose of the procedure, expected outcomes, possible complications, and post-treatment instructions. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

PT. SIGNATURE: _____ **DATE:** _____

MD SIGNATURE: _____ **DATE:** _____