

Deoxycholic Acid Treatment (Kybella) Patient Consent Form



Patient Name: _____ Date: _____

Please read each paragraph and *initial* that you have read and understand the information.

Kybella is a non-human and non-animal formulation of deoxycholic acid, a naturally-occurring molecule in the body that aids in the breakdown and absorption of dietary fat. When injected into the subcutaneous fat, Kybella causes the destruction of fat cells. Once destroyed, those cells cannot store or accumulate fat. Kybella is the first and only FDA-approved injectable drug that contours and improves the appearance of submental fullness due to submental fat (double chin).

_____ I understand the nature of the procedure summarized above. I request and authorize Yanetsi F. Landa, MD or her designee to perform the procedure: Injection of Kybella (an acid which destroys fat).

_____ I have been informed and understand that the following are risks associated with the injection of Kybella:

- Numbness, tingling, itching and skin tightness at the injection site
- Swelling, bruising, and redness may occur at injection site
- Formation of areas of hardness(nodules) at the injection site
- Temporary asymmetrical smile, nerve injury, facial weakness
- Sensation of difficulty swallowing
- Headache, jaw pain

_____ I have been informed of the following potential benefits of the procedure:

- Decrease in chin fat

_____ I have been informed of the alternative(s) to diagnose or treat my condition:

- Leave as is
- Liposuction

_____ I have been given an explanation of the procedures, read, and understand this information and have had all questions answered to my satisfaction.

_____ I consent to the taking of photographs prior, during, and after my treatment for the purpose of documentation/ to be used in my file and as part of our before/after case studies. If you do not want your identity known, we will ensure any pictures used to portray results are anonymous.

Patient Signature: _____ Date: _____

Dr. Signature: _____

Patient Signature: _____ Date: _____

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