Jon Ric INTERNATIONAL
MEDICAL SPA AND WELLNESS CENTER

Consent to Receive Kybella Injections (deoxycholic acid)

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 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).

Kybella is indicated for the improvement in the appearance of submental fullness in adults. The safe and effective use of Kybella for the treatment of subcutaneous fat outside of the submental region has not been established.

Risks of Kybella:

Patient's Initials

_____ I understand and accept the most likely risks and complications of Kybella injections include but are not limited to:

-Numbness, tingling, itching and skin tightness at the injection site

-Swelling, bruising, and/or redness at the injection sites

-Formation of areas of hardness/nodules at the injection site

-Skin ulceration

-Possible marginal mandibular nerve injury resulting in an asymmetric smile or facial muscle weakness

-Difficulty swallowing

-Headache

-Alopecia (hair loss) in the treatment area

_____ I understand and accept that I should not have this treatment if I have an infection in the treatment area.

_____ I have informed Dr. Jones of any plans to have surgery on my face, neck or chin.

_____ I have informed Dr. Jones if I have had or have trouble swallowing.

_____ I have informed Dr. Jones of any bleeding problems.

_____ I have informed Dr. Jones if I have had or have a medical condition in or near my neck area.

_____ I have informed Dr. Jones if I have had any cosmetic treatments on my face, neck or chin.

_____ I am not currently pregnant or planning to become pregnant. I understand that it is not known if Kybella will harm an unborn baby.

_____ I am not currently breastfeeding or plan to breastfeed. It is not known if Kybella passes into breast milk.

Health History:

I have informed the doctor of all of my known allergies. I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies, antiplatelet or anticoagulation medications. I have been advised whether I should take any or all of these medications on the days surrounding the procedure.

After the Injection:

I have been informed of what to expect post-treatment, including but not limited to: estimated recovery time, anticipated activity level, and the necessity of additional procedures if I wish to maintain the appearance this procedure provides me. ***I have been advised to seek immediate medical attention if swallowing, speech or respiratory disorders arise. I will inform my healthcare provider if I develop signs of marginal mandibular nerve palsy/paresis (e.g. asymmetric smile, facial muscle weakness) or if any existing symptom worsens.***

The details of the procedure have been explained to me in terms I understand. All my questions regarding this procedure have been answered. I understand that the FDA has only approved the cosmetic use of Kybella for submental fullness. Any other cosmetic use is considered "off-label". I am aware and accept that no guarantees about the results of this procedure have been made or implied. Alternate methods and their benefits and disadvantages have been explained to me. If pre- and post-injection photos are taken of the treatment for record purposes, I understand that these photos are the property of Jon Ric Medical Spa.

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature.

Print Name_____ Date _____

Patient Signature _____

I have explained the nature, purpose, benefits and alternatives to the proposed treatment and the risks and consequences of not proceeding, have offered to answer any questions and have fully answered all such questions. I believe that the patient and/or legal representative fully understand what I have explained.

MD's Signature _____ Date _____