



Kybella Consent

Kybella (deoxycholic acid) is a prescription- strength injection used to treat submental fat (double chin) in adults. Kybella destroys the fat cells that accumulate in the neck. Over the weeks following treatment the body will naturally eliminate the fat. Kybella is only FDA approved for treating submental fat, all other treatment areas are considered off label.

Optimal results with Kybella require more than one treatment. On average patients require two to four treatments, but may require up to six treatments. On average patients require two to three vials but may require up to five vials depending on the amount of submental fat. Pricing is listed per vial. Swelling is expected for a few days to a few weeks following Kybella and therefore Kybella treatments should not be scheduled around major events. Kybella treatments should be spaced four to six weeks apart.

Contraindications to receiving Kybella:

- History or current difficulty with swallowing (dysphagia)
- Pregnancy or breastfeeding

Risks and complications (this list is not all-inclusive):

- Swelling/bruising/pain/numbness/redness/itching/tightness at the treatment site
- Areas of hardness in treatment area
- Ulceration of the skin in treatment area
- Temporary or permanent hair loss at injection sites
- Temporary nerve injury that can cause uneven smile or facial weakness
- Trouble swallowing
- Headache
- Unsatisfactory results

I have had surgery or aesthetic treatment in the past in the area to be treated by Kybella y/n

By signing this consent form I am agreeing to be treated with Kybella and have read the form in its entirety. I also release Megan Davies, whomever she may designate and Desert Holistic Health PLLC from any responsibility associated with the side effects mentioned above. I attest alternatives have been discussed with me. I understand that Kybella (as with many products) is not effective on every person. I understand no refunds will be given in the event Kybella does not work for me or there are adverse reactions.

Patient Signature

Date