



INFORMED CONSENT FOR KYBELLA

KYBELLA is an individually tailored injectable treatment that permanently destroys fat cells under the chin for an improved profile. KYBELLA is also frequently used in other areas, such as facial jowls.

KYBELLA (deoxycholic acid) injection is indicated for improvement in the appearance of moderate to severe fullness associated with submental fat, also known as “double chin” in adults.

KYBELLA injected in other areas such as jowls, has the same activity, the same effect and similar results as the submental area.

Regardless of area of use, after dissolving the fat excess skin may be more prominent. Additional treatments may be needed. Injections must be given at least 1 month apart for optimal results.

PLEASE INITIAL HIGHLIGHTED AREAS

If you have any questions, please ask your doctor before initialing.

I understand this treatment may not meet my desired needs or expectations and I further understand that favorable results with KYBELLA requires a series of 4-6 treatments spaced 4-6 weeks apart. It is my responsibility to schedule these appointments.

My provider at Desert Medical Rejuvenation has explained that there are certain inherent and potential risks in any treatment plan or procedure, and that in this specific instance, such operative risks include, but are not limited to:

- Infection in the injected area
- Swelling, bruising, pain, numbness and areas of hardness in the treatment area
- Although rare, needles or cannulas can lead to permanent scars at or around the injection sites
- Tingling, sensitivity, itching and skin tightness in the treatment area
- Headaches
- Nerve injury in the area of the jaw resulting in an uneven smile or facial muscle weakness
- Difficulty swallowing
- Superficial skin abrasions
- Small patches of alopecia (hair loss) in the treatment areas

I understand that 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.

I understand that there may be additional risk and/or complications, which remain unknown at this time.

I understand that it is my responsibility to give my provider a full and truthful health history, including:

- Have had or plan to have surgery on the face, neck or chin
- Have had cosmetic treatment on the face, neck or chin
- Have had or have medical conditions in or near the neck area
- Have bleeding problems, are taking blood thinners or any medications that prevent the clotting of the blood (antiplatelet or anticoagulant medicine)
- Are pregnant or plan to become pregnant
- Are breastfeeding or plan to breastfeed

I understand that it is my responsibility to give my provider a full and truthful list of the medications that I am taking, including:

- Prescription medications
- Over the counter medications

I understand injections will be performed on label (FDA approved) and off label if requested by patient.



**DESERT MEDICAL
REJUVENATION**
REGAIN YOUR YOUTHFUL APPEARANCE

ART QUINTANILLA, M.D.

By my signature below, I certify that I have read and fully understand the contents of this consent form. I was given the opportunity to have the staff cover any question or clarification I might have prior to signing this consent and thereby grant permission to perform KYBELLA on me by my provider located at **Desert Medical Rejuvenation, 35900 Bob Hope Drive Suite 130 Rancho Mirage, CA 92270.** _____ (Initial)

Patient Name _____

Patient Signature _____

Date _____

Witness Name _____

Witness Signature _____

Date _____

Translator Name _____

Translator Signature _____

Date _____

Physician Name: Art Quintanilla, MD _____

Physician Signature _____

Date _____