

Kybella® Con	sent Form Date:
Patient Name:	DOB:
subcutaneous injections/treatment). Multiple treatments ma	medicine used to improve the appearance of moderate to I fat). Kybella® is injected into the fat under the chin (up to 50 y be required for best results. Typically 2-6 treatments, spaced to complete the recommended treatment regimen may result in
It is particularly important to tell your health anticoagulant.	ck or chin r face neck or chin e neck area d rations you are taking; both prescription and over-the-counter. care provider if you are taking any type of blood-thinner or
You should not receive Kybella® injections if you have an ac	tive infection in the treatment area.
 Pain/Soreness/Burning sensation (16-70%) Area of hardness in the treatment area (25 Nodule (13%)) All of the above are temporary side effects that typically resormed in the property of the side effects of key and the side effects of key are temporary side effects of key and the side effects of key are the side effects of key	s have been explained to me. d expected side effects at the injection site of Kybella®. Bruising (72%) Redness (27%)) 3%) blue in a few days to a month Tybella® injections armth at site (4%)
All of the above side effects completely resolved but may ta	ke several days to weeks to disappear.
Consent: Your consent and authorization for this procedure is strictly of Practically Perfect Aesthetics, Inc. to use Kybella® injections is no guarantee that you will be completely satisfied.	roluntary. Your signature on this consent form authorizes to treat submental fat. As with any cosmetic procedure, there
•	lerstand the contents in full. My signature indicates that I am by to ask questions about the procedure and it's risks. I have ernative treatments, including no treatment at all.
I understand that I release Practically Perfect Aesthetics, Inc Practitioners from any liability associated with complications	· · · · · · · · · · · · · · · · · · ·
Signature:	Date: