CONSENT-KYBELLA

Kybella Consent:

Kybella Consent INTRODUCTION

This document is designed to explain to you the benefits and risks KYBELLA™.

KYBELLA™ (deoxycholic acid) is a prescription medicine used in adults to improve the appearance and profile of moderate to severe fat below the chin (submental fat), also called “double chin”.

How Kybella™ works
KYBELLA™ is injected into the fat under your chin (up to 50 injections under your skin) by your healthcare provider. Injections will be given at least 1 month apart. You and your healthcare provider will decide how many injection you will need.

Alternative treatments: Non-operative treatments could include Pan G Lift, or tissue tightening procedures such as Ultherapy and Thermage. Surgical alternatives might include liposuction.

Contraindications to Treatment: You should not receive KYBELLA™ if you have an infection in the treatment site.

Before receiving KYBELLA™, tell your healthcare provider about all of your medical conditions, including if you:
• Have had or plan to have surgery on your face, neck or chin
• Have had cosmetic treatment son your face, neck or chin
• Have had or have medical conditions in or near the neck area
• Have had or have trouble swallowing
• Have bleeding problems
• Are pregnant or plan to become pregnant. It is not known if KYBELLA™ will harm your unborn baby.
• Are breastfeeding or plan to breastfeed. It is not known if KYBELLA™ passes into your breast milk. Talk to your healthcare provider about the best way to feed your baby if you receive KYBELLA™.

Tell your healthcare provider about all of the medicines you take, including prescription and over-the-counter medicines, vitamins and herbal supplements. Especially tell your healthcare provider if you take a medicine that prevents the clotting of your blood (antiplatelet or anticoagulant medicine).

Risks of Treatment:
Although the majority of patients do not experience these complications, KYBELLA™ can cause serious side effects, including:
• Usually Temporary Nerve injury in the jaw that can cause an uneven smile or facial muscle weakness
• Trouble swallowing
• Possibility of hair loss in treatment area that could be permanent

The most common side effects of KYBELLA™ include: swelling, bruising, pain, numbness, redness and areas of hardness in the treatment area. These side effects usually resolve within 1 week but can be more long lasting.

These are not all of the possible side effects of KYBELLA™. Call your healthcare provider for medical advice about side effects.

Results: The amount of improvement varies between patients. Most females will need 2 vials per treatment and most males will need 3 vials per treatment. Each patient will likely need 2-3 treatments. Results take about 4 weeks to settle in. The results are permanent.

Patient Satisfaction: KYBELLA™ usually gives excellent satisfaction. Sometimes there is a tweaking that needs to be performed (such as an additional vial) to have optimal results following the treatment. A treatment may not work as well or for long as long as expected, and may be effective for variable lengths of time. Although most of our patients/clients are extremely satisfied with their results, results are variable. We cannot provide you with any guarantee of your results.

Post treatment care: Follow the instructions given to you by your provider and on the post-op info sheet. Failure to do so may result in sub-optimal results or side effects such as listed above.

Financial Responsibility: The treatments discussed in this document are cosmetic in nature and are not covered by insurance policies. Payment is required at the time of service, and in some cases, prior to service. You will receive a written quote for each treatment that is recommended for you that is valid for 90 days. Should the price change after 90 days you would be responsible for any increase in cost. If there are changes in the plan during the treatment you will be required to pay for any additional care. We do offer a line of credit financed through a financial services company.

Treatment Providers: Amy Taub, MD, Anne Marie Leger, MD, Monika Kaniszewska, MD, Emily Oehler, PA-C, Steven Prus, PA-C, Ann Cameron Schieber, PA-C, Jessica Dooley, PA-C, Elana Block MSN, RN, Alla Molchanov, Lic. Cosm., Emily Jamieson, Lic. Esth. (LE), Rachel Walker, LE, Nicole McNellis, LE, Alyssa Conner, LE, and Brittany Hartnett, Lisc. Cosm. all perform cosmetic treatments at Advanced Dermatology. All providers at Advanced Dermatology have been specifically trained by Dr. Taub and are all licensed professionals in the state of Illinois. Dr. Taub reviews and approves every treatment performed at Advanced Dermatology. Dr. Taub is a board-certified dermatologist with over 25 years in practice and is Medical Director and Founder of Advanced Dermatology. We have taken great measures to ensure that your treatment is performed safely and effectively. We attend national meetings frequently to keep updated on the latest, best and safest techniques and remain at the forefront of cosmetic dermatology.

Disclaimer: What your Physician, Physician Assistant, Laser Provider, Licensed Esthetician, Licensed Cosmetologist, and/or Cosmetic Coordinator have discussed with you and included again in these documents are the material risks, both common and uncommon, that they feel a reasonable person would want to know, understand, and consider in deciding if this treatment is something they would like to proceed with. Some risks cannot be foreseen. It is important that you read the information contained in each consent document and have all your questions answered before signing the consent. Questions and concerns can be answered in the office through a consultation appointment or by calling 847-459-6400.

Do not touch the equipment while in the room. Laser equipment is dangerous and a misfire could cause skin or eye damage that is permanent.

I have read all pages contained in this document and hereby authorize the following provider(s): Amy Taub, MD, Anne Marie Leger, MD, Monika Kaniszewska, MD, Emily Oehler, PA-C, Steven Prus, PA-C, Ann Cameron Schieber, PA-C, Jessica Dooley PA-C, and Elana Block MSN, RN to perform the following procedure: KYBELLA™

I recognize that during the course of the procedure unforeseen conditions may necessitate different procedures than those described above. I therefore authorize the provider(s) to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable.

I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

I consent to photographic use for medical, scientific, and/or educational purposes for the appropriate portions of the face and/or body.

IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
THE ABOVE PROCEDURE TO BE UNDERTAKEN
THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT

THERE ARE RISKS TO THE PROCEDURE PROPOSED
ANY QUESTIONS I MAY HAVE ASKED HAVE BEEN ANSWERED TO MY SATISFACTION

My Physician discussed my procedure, I understand the risks and benefits of the procedure have read the consent form I understand and I received a copy. I agree.

My Physician discussed my procedure, I understand the risks and benefits of the procedure have read the consent form I understand and I received a copy. I agree.