

KYBELLA™ CONSENT FORM

INTRODUCTION: KYBELLA™ (deoxycholic acid) injection is indicated for improvement in the appearance of moderate to severe fullness associated with submental fat, also called double chin, in adults. Deoxycholic acid is a bile acid naturally produced by our livers. KYBELLA is a synthetic form of this. The safe and effective use of KYBELLA™ for treatment of subcutaneous fat outside of the submental region has not been established. KYBELLA™ is injected into the fat under the chin. Multiple treatments are required and will be given at least 1 month apart.

RISKS OF KYBELLA™ INJECTIONS: Every injection of a drug involves a certain amount of risk. Below are risks reported during clinical

studies that are specific to the injection of KYBELLA™:

Common potential side effects include: swelling, bruising, pain, numbness, redness, and areas of hardness in treatment area.

KYBELLA™ injections can also cause tingling, nodules, itching, skin tightness, and headache. These side effects typically resolve without treatment and do not usually result in patients stopping treatment.

Less common potential side effects include: Nerve injuryKYBELLA™ injections could cause nerve injury in the area of the jaw resulting in an uneven smile or facial muscle weakness. In the clinical trials these all resolved without treatment in an average of 6

weeks. SwallowingKYBELLA™ injections can temporarily cause trouble with swallowing (this is thought to be due to neck swelling).

Skin UlcerationKYBELLA™ injections could cause superficial skin erosions. Hair LossKYBELLA™ injections could cause small

patches of hair loss in the beard area. Unsatisfactory results: There is a possibility of unsatisfactory results. The procedure may also result in more noticeable platysmal bands, unacceptable visible deformities or asymmetry in the treatment area.

BEFORE RECEIVING KYBELLA™ INJECTIONS: Tell your healthcare provider about all of your medical conditions, including if you:

? Have an infection in the treatment area

- ? Have had or plan to have surgery on the face, neck or chin
- ? Have had cosmetic treatments on the face, neck, or chin
- ? Have had or have medical conditions in or near the neck area
- ? Have trouble swallowing
- ? Have bleeding problems or are taking blood thinners
- ? Are pregnant or plan to become pregnant. It is not known if KYBELLA™ will harm an unborn baby.
- ? Are breastfeeding or plan to breastfeed. It is unknown if KYBELLA™ passes into your breast milk.

Tell your healthcare provider about all medications you currently take, including prescriptions and over-the-counter medicines, vitamins, and herbal supplements. Tell your healthcare provider if you take a medicine that prevents the clotting of blood (antiplatelet or anticoagulant medications such as aspirin, non-steroidal anti-inflammatory medications).

I, the undersigned, have read and I understand the information contained within this consent form. My signature below indicates that I have read and understand the information in the consent. Further, my signature below indicates my consent to the treatment described and my agreement to comply with the requirements placed on me by this consent form.

Patients Name Signature Date

Witness Signature Date