



BEAUTOX BAR

Beautox Bar LLC • 7372 Kirkwood Court N, Maple Grove, MN 55369
Beautox Bar WBL LLC • 4503 Allendale Drive, White Bear Lake, MN 55127

Kybella® (Deoxycholic Acid) Informed Consent

Client Name: _____

About Kybella® and This Treatment

Kybella® (deoxycholic acid) is an FDA-approved cosmetic injection indicated for improvement in the appearance of moderate to severe submental fullness associated with submental fat ("double chin") in adults. At your treatment visit you will receive a series of injections in the treatment area. Results are not immediate. Swelling in the treated area is expected at the time of injection and for several days afterward. Kybella® destroys fat cells in the treated area; improvement develops gradually over about the next month. A series of treatments may be needed for optimal results, spaced no sooner than about one month apart. Your provider / registered nurse will determine the appropriate number of sessions and the amount of Kybella® used at each visit.

It may take 1 to 2 months to see final results after a session, and typically 2 to 4 treatments are needed. In some cases there may be little or no improvement. Results are expected to be long-lasting but can be affected by aging, body weight, and body composition.

FDA-Approved Use and Off-Label Use

The current FDA-approved use of Kybella® is for submental fat under the chin. Once a product is FDA-approved, a medical professional may use it in other areas of the face or body when clinically appropriate. Therefore, Kybella® may be used off-label in other areas in an effort to achieve the best possible result. I understand that off-label use means safety and effectiveness outside the approved indication have not been established to the same degree, and that off-label treatment has been explained to me.

Alternatives

Alternatives include no treatment. Other options that vary in invasiveness, effect, and duration include nonsurgical fat reduction with heat or cold-based devices, liposuction, surgical fat removal, neck lift, and/or platysmaplasty. Not all submental fullness or localized fat will respond to Kybella®. I understand I may decline treatment.

Risks and Side Effects



Every procedure involves risk. An individual's choice to undergo this procedure is based on comparing the risks to the potential benefit. Although most patients do not experience serious complications, you should understand the risks, potential complications, and consequences of fat-reduction injections. Side effects of Kybella® may include:

- Bruising, swelling, numbness, firmness/induration, tenderness, discomfort, redness, or bleeding at the injection site
- Difficulty swallowing (dysphagia)
- Injury to the marginal mandibular nerve (which can affect smile / facial movement; usually temporary but can last longer)
- Tissue necrosis
- Hyperpigmentation
- Alopecia (hair loss) in small patches in the treatment area
- Infection
- Uneven contour, unsatisfactory cosmetic result, or little / no improvement
- Need for additional treatments or alternative procedures

Contraindications and Pre-Treatment Disclosures

I should not receive Kybella® / I will tell the provider if any of the following apply:

- I am pregnant or nursing
- I have an infection in the area to be treated
- I have a bleeding disorder
- I take blood thinners or aspirin (or similar medications/supplements that increase bleeding risk)
- I have a history of problems with lidocaine or epinephrine
- I have trouble swallowing, or a medical condition affecting the treatment area that the provider has not cleared
- I have had prior surgery or significant scarring in the treatment area that has not been discussed

Client Attestations

By signing this consent, I state and confirm that:

- I have not received any vaccine of any kind in the past 30 days, and I do not plan to receive any vaccine of any kind in the next 30 days.
- I have not had dental cleaning or any dental work in at least the past 30 days, and I will not have dental cleaning or any dental work for at least 30 days after this treatment.
- I do not currently have an outbreak of herpes or cold sores on my face or body.



Pre-Treatment Instructions

- The morning of treatment, take ibuprofen if you are able to tolerate this medication (unless your provider advises otherwise)
- Tell the nurse about all medications and supplements, especially blood thinners or aspirin, and any history of lidocaine or epinephrine issues

Post-Care Instructions

- Ice packs may be used on the treated area during the first 12 hours — ice for about 15 minutes on, each hour as needed
- Do not massage the injection site
- If you can tolerate ibuprofen, take 200 mg three times daily beginning the day of treatment and for the following four days (unless your provider advises otherwise)
- Avoid heavy exercise the day of your treatment
- Notify Beautox Bar LLC / Beautox Bar WBL LLC immediately if you have significant swelling, bleeding, pain, dusky/dark discoloration, difficulty swallowing or smiling, or fever

Minnesota Informed Consent Notice

Under Minnesota law, patients are entitled to complete and current information about their diagnosis, proposed treatment, alternatives, risks, and prognosis in language they can reasonably understand, and have the right to refuse treatment after receiving that information. See Minn. Stat. § 144.651, subd. 9 (information about treatment) and subd. 12 (right to refuse care). Obtaining informed consent for tests, procedures, and treatments is also a recognized professional obligation for physicians licensed in Minnesota (see Minn. Stat. ch. 147). By signing this form, I confirm that I have received understandable information about Kybella® treatment, alternatives, risks, and contraindications, have had a chance to ask questions, and am consenting voluntarily.

Acknowledgment and Consent

I consent to treatment with Kybella® injections. I have read the information above (or had it read to me) and am satisfied with the informed consent process. My questions have been answered to my satisfaction. I understand results are not guaranteed and that multiple treatments may be needed. I hereby give consent to Beautox Bar LLC and/or Beautox Bar WBL LLC, and to authorized providers and clinic team members, to perform this and subsequent Kybella® treatments under this consent unless I revoke it. I hereby release the ordering/supervising provider, the person injecting Kybella®, and the facility from liability associated with this procedure to the extent permitted by Minnesota law, except for claims arising from negligence or willful misconduct.



Client Name (print): _____

Client Signature:

Date: _____

Clinic Team Member Name (print): _____

Clinic Team Member Signature:

Date: _____

This consent applies to services provided by Beautox Bar LLC (Maple Grove) and Beautox Bar WBL LLC (White Bear Lake). Kybella® is a trademark of its owner and is used here for product identification only.