

Kybella Consent

(Aesthetics)

Date:

Patient Information

- **Patient Name:** {{patient_first_name}} {{patient_last_name}}
- **Date of Birth:** {{patient_birthdate}}

Treatment Information

I understand that I will be receiving Kybella (deoxycholic acid) injections to reduce submental fat (double chin). Kybella is an FDA-approved injectable treatment designed to destroy fat cells in the area under the chin.

Consent Statements

Please initial each statement:

1. I understand the nature of Kybella treatment.
2. I understand the potential risks and benefits.
3. I have been informed of alternative treatments.
4. I understand that results are not guaranteed.
5. I will follow all post-treatment instructions.

**Medical Services provided by Primary Medical of KY, P.S.C.,
Elite Health Services, P.A., Co., Primary Medical of IN, P.C.**

Form Complete



Signature Certificate

Document name: Kybella Treatment Consent

🔒 Unique Document ID: CEC1F579B8C993916C7B1CB091F0DFF4983D5275



Amanda Simcoe
Party ID: 6804a428-0f7f-4471-840a-55db6a6ad3cc

Awaiting signature



Luis Escobar
Party ID: 635e739d-8c7a-4179-b032-76b23dfd6f89

Awaiting signature



ericka johnson
Party ID: 9d029730-f30c-466c-89c0-865d9f00223c

Awaiting signature



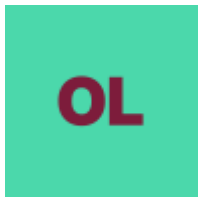
Lara Arosteguy
Party ID: 11f72890-d5ed-4031-b8ea-ce72834f53ad

Awaiting signature



luis esco
Party ID: ff9eba83-2cb3-49a5-a434-d2cd0e3d111e

Awaiting signature



Olivia Soto
Party ID: cafad8d1-ec04-4809-bd41-505de33fc356

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Timestamp

Audit



This audit trail report provides a detailed record of the online activity and events recorded for this contract.