Kybella Consent

(Aesthetics)

Date: May 30, 2026

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. I

2. I understand the potential risks and benefits. I

3. I have been informed of alternative treatments. I

4. I understand that results are not guaranteed. I

5. I will follow all post-treatment instructions. I

Signatures

Patient Signature: ________________________ **Date:** May 30, 2026

Provider Signature: Provi **Date:** May 30, 2026

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

Kybella Treatment Consent

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