

LUXURGERY
The confluence of luxury and aesthetic surgery
Sachin M. Shridharani, M.D.
Plastic Surgery

800A Fifth Avenue - Street Level
New York, New York 10065

T: (212) 508-0000 ♦ Fax: (212) 508-0005
info@luxurgeryNYC.com
www.luxurgeryNYC.com

Authorization For Treatment:

Name: _____

Date: _____

Purpose:

I have authorized Sachin Shridharani M.D. to administer the following with or without local anesthesia:

- Kybella (deoxycholic acid), a non-human and non-animal derived version of deoxycholic acid to destroy fat cells in the submental region/double chin _____

Risks/Benefits: All medical and cosmetic procedures carry risk and may cause complication, and some uses may be considered "off-label" by the FDA. The purpose of this document is to make me aware of the nature of this procedure and its risks in advance, so that I can decide whether or not to proceed with this or these procedure.

Occasionally, slight swelling and/or bruising may appear and last for several days after the administration. The risk of bruising may be increased in those using substances that reduce blood clotting such as aspirin or other non-steroidal, anti-inflammatory drugs. Some patients may experience prolonged redness, swelling, hyperpigmentation (dark spots/burns), hypopigmentation (light spots), crusting, tenderness, and rarely pustules can form. Cold sores may become re-activated. In addition, any injection/treatment carries a minimal but potential risk of infection. Although rare, there is also a very minimal risk of injuring a blood vessel, which could result in a scab or scar formation with the possibility of blockage of blood flow and circulation to nearby sites. Resulting fat cells may be palpable, visible, or asymmetric. Furthermore there is risk of: Marginal mandibular nerve (MMN) injury resulting in an asymmetric smile, Dysphagia (difficulty swallowing), Submental hematoma/bruising, edema/swelling, pain, numbness, erythema, induration, paresthesia, nodule, pruritus, skin, tightness, site warmth, headache, oropharyngeal pain, hypertension, alopecia (hair loss at injection site), and/or nausea.

Side-effects may include headaches, twitches, abnormal facial expressions, production of antibodies, or even no effect. Although there are no significant reports of allergy to deoxycholic acid, there is always a remote possibility of forming allergic reactions to injected substances. These medical treatment options should not be used in individuals who had experienced the above hypersensitivity or those with severe allergies to its contents, or by women who might be pregnant or breast-feeding. If I am pregnant, I could be exposed to medications and anesthetics that may cause birth defects or miscarriage.

Benefits of these treatments include permanent destruction of fat cell in the area injected. In this case, the area of interest is limited to the submental region (double chin) and neck. However, no guarantee of an effect can be made and multiple treatments are usually required. I hereby voluntarily consent to this treatment and ongoing future treatments several times a year for several years until I rescind my consent.

Alternatives: Use of these treatments strictly a voluntary cosmetic procedure. No treatment is necessary or required. It is not possible to predict exactly how much medication a person needs, and as such different people may require different doses and over time the same person may require more or less treatment to achieve the same effect. Other alternative treatment, which vary in technique, effect and duration include liposuction,

LUXURGERY
The confluence of luxury and aesthetic surgery
Sachin M. Shridharani, M.D.
Plastic Surgery

800A Fifth Avenue - Street Level
New York, New York 10065

T: (212) 508-0000 ♦ Fax: (212) 508-0005
info@luxurgeryNYC.com
www.luxurgeryNYC.com

liposculpting, and direct lipectomy. More invasive or surgical options can also be used, which may have more long-lasting results. Other commercial lasers/radio-frequency/thermal/ultra-sound energy based treatments might be considered.

Cost/Payment: This is a cosmetic procedure and is not covered by insurance. Payment is due at time of services and is non-refundable. Services that are performed that are paid with a credit card, debit card, or financing third-party are not eligible for payment challenges after services are performed. By signing this form, I am irrevocably consenting to allow LUXURGERY to use and disclose my protected health information to any credit card entity, bank, or Financing Company when they request such information to process an account and assist with payment. I will not challenge such credit, debit, or financing card payments once the services are provided. The practice encourages complete follow-up care and follow-up interaction to address any issues that might arise.

Consent: I agree this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read and fully understand the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions. I agree to follow up with my doctor following my treatment for additional photographs, treatment evaluation and touch-up if necessary. I understand that photography is a necessary part of planning/evaluating cosmetic or reconstructive surgery and authorize the taking of photographs or videos at the direction of my surgeon to be used for educational purposes which may include seminars, motion pictures, video-conferencing, and publication in textbooks or electronic publications such as a website. My identifiable health information includes my actual photograph, a manipulated photograph to show possible outcomes, a drawing or similar illustrative graphic material, a motion picture image or digital image and other representations helpful in the educational process. I also agree that I will follow the after-care instructions given to me today after my treatment. To the best of my knowledge, I am not pregnant, and I am not breastfeeding.

Patient's Signature: _____ **Date and Time:** _____

Doctor's Signature: _____ **Date and Time:** _____

Witness' Signature: _____ **Date and Time:** _____