



AK Care
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Belkyra Consent

Kybella/Belkyra is an FDA and Health Canada approved cosmetic injection indicated for improvement in the appearance of submental fullness associated with submental fat in adults.

The results of Belkyra are not immediate. At your first treatment visit you will receive a series of injections in the submental area. At the time of injection and for several days following the injections you will have swelling in the submental area. Belkyra will gradually over the course of the next month following your injection cause the fat cells to diminish in the area treated. If needed, another treatment may be performed at one month or later after your initial treatment. A series of treatments may be necessary to achieve optimal results and these will occur at no sooner than the one month interval. Your doctor will decide the appropriate number of treatment sessions and the amount of Belkyra you will need at each session.

Side effects

Side effects of Belkyra may include: bruising, swelling, numbness, induration, marginal mandibular nerve injury, dysphagia (difficulty swallowing), bleeding, tenderness or discomfort, and tissue necrosis or redness at the site of injection, alopecia (small areas of hair loss at injections sites)

Unsatisfactory results

There is a possibility of an unsatisfactory result from injections of Belkyra. The procedure may result in unacceptable visible deformities or asymmetry in the treatment area.

Alternatives

As explained not all submental fullness will respond to Belkyra. Other alternative treatments are liposuction to the area, a neck lift and/or platysmaplasty procedures.

Photographs

I give my consent for photos to be taken. These photos may be shown to other patients or placed on his website or social media (cross out if not consenting).

By signing below, I acknowledge and certify that I have read and understand the Kybella/Belkyra Consent and Kybella/Belkyra Pre and Post Care for this procedure, that no refund will be given after treatment is received, and that I am signing it voluntarily.

Name

Signature & Date