Latisse® Informed Consent

_____	_____	_____
Last Name, First Name	DOB	Date

Latisse® is an FDA approved treatment for patients with inadequate or not enough eyelashes, also referred to as hypotrichosis. The active ingredient in Latisse®, bimatoprost increases eyelash growth, including length, thickness and darkness. Eyelashes are expected to return to their previous appearance over several weeks/months after one has stopped using Latisse®.

Contacts should be removed prior to applying Latisse®. Soft contact lenses can absorb the solution and should not be reinserted for at least 20 minutes after application.

Disclosure:

Being fully informed about your condition and treatment will help you make the decision whether or not to use Latisse®. This disclosure is not meant to alarm you; it is simply an effort to inform you so that you may give or withhold your consent of this treatment.

Patients who are pregnant or nursing should not use Latisse®. _____

Patients allergic to bimatoprost or any other ingredient in Latisse® should not use this product. _____

Patients with recent or unexplained changes in vision should not use Latisse®. _____

Patients with active intraocular inflammation (uveitis) should consult with their doctor before starting Latisse®. _____

Patients with aphakia, pseudophakia patients with a torn posterior lens capsule or those with known risk factors for macular edema should use Latisse® with caution. _____

Patients using prostaglandin analogs, including Lumigan®, for intraocular pressure reduction should consult with their doctor before starting Latisse®. _____

Patient is 18 or older and has requested Latisse® in order to increase eyelash growth. _____

Possible side effects of Latisse® include but are not limited to:

- Itching sensation in the eyes
- Increased blood in the eye
- Hyperpigmentation of the skin
- Irritation or redness around the eye
- Dry eyes
- Discoloration of the iris
- Allergic reaction to an ingredient in Latisse®

Infections can occur and most cases are easily treatable, however permanent scarring can occur in the area. Iris and lid pigmentation have occurred from bimatoprost use. Darkening of the eyelid can be reversible however increased brown pigmentation in the iris is most often permanent.

Consent:

1. I hereby authorize the following treatment: Latisse®. _____
2. I have been informed of the risks/side effects of Latisse®. _____
3. I agree to follow the provided instructions for using Latisse®. _____
4. I understand lash growth will not continue after stopping Latisse®. _____
5. A copy of this form is available to me. _____

I understand that I will be given the prescription drug Latisse® (bimatroprost ophthalmic solution), which is indicated to treat hypotrichosis of the eyelashes. By signing below, I acknowledge that I have read the above information and that I understand the risks of Latisse®. I hereby consent to the use of Latisse®.

Patient _____ Date_____

Witness _____ Date_____

Medical Director_____ Date_____