



### **Latisse Information and Consent Form**

Latisse™ is the first FDA-approved prescription to help thicken, lengthen, and darken your natural eyelashes. Although Latisse™ is the newest product to help grow your natural lashes, it has taken several years of research to help develop this product. The active ingredient is bimatoprost ophthalmic solution 0.03%. When following the basic application guidelines, many patients will notice results in as little as 8 weeks, with full results being noticed in approximately 16 weeks.

In order to achieve maximum results, you must be consistent. Latisse™ can easily be incorporated into your nightly regimen. Simply apply the product each night after removing makeup, cleansing the skin, and applying all other facial creams or products. Latisse™ solution comes with 60 single-use sterile applicators. While holding the application brush horizontally, place one drop of solution onto the tip of the applicator. Immediately brush the skin at the base of the upper eyelashes with the applicator. **DO NOT** apply to the lower lashes. Dispose of your applicator and use a new sterile application brush for the other eye. The area will feel moist. Be sure to blot any excess solution on the skin with a tissue.

Latisse™ may cause various side effects. The most common side effects include itching and/or redness in the eye. Some people may experience other less common side effects, such as eye irritation, eye dryness, and/or darkening or reddening of the eyelid where the solution is used.

While using Latisse™, it is best to be patient. Our physicians want your progress charted. Our aestheticians will take a photo before you begin using the product, and again at week 16 to show progress of medication.

I consent to having “Before” and “After” photographs of said my eyelashes for the purpose of documentation in my file. These photographs **may** \_\_\_\_\_ or **may not** \_\_\_\_\_ (please initial one) be used anonymously on our website or in our brochure for advertising purposes.

#### **Please Answer the Following:**

Have you ever had any reactions to eye products? If yes, which ones? \_\_\_\_\_

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Do you have any allergies to medications? If yes, which ones? \_\_\_\_\_

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**Latisse contains:** Active: bimatoprost 0.3 mg/mL; Preservative: benzalkonium chloride 0.05 mg/mL; Inactives: sodium chloride; sodium phosphate, dibasic; citric acid; and purified water. Sodium hydroxide and/or hydrochloric acid may be added to adjust pH. The pH during its shelf life ranges from 6.8 - 7.8.

**DO NOT USE Latisse™ IF YOU HAVE ALLERGIES TO ANY ONE OF ITS INGREDIENTS.**

**Please Answer the Following:**

Are you pregnant or nursing? \_\_\_\_\_ YES\*                      \_\_\_\_\_ NO  
-If yes, please **DO NOT** use Latisse™ .  
Do you wear contact lenses? \_\_\_\_\_ YES                      \_\_\_\_\_ NO  
-If yes, please be sure to remove them before applying Latisse™  
Do you have glaucoma or have you ever been treated for glaucoma? \_\_\_\_\_ YES\*                      \_\_\_\_\_ NO  
-If yes, please only use Latisse™ under the close supervision of your Physician.  
Do you use Lumigan® or other products for glaucoma? \_\_\_\_\_ YES\*                      \_\_\_\_\_ NO  
-If yes, please only use Latisse™ under the close supervision of your Physician.

**Please Initial the Following:**

\_\_\_\_\_ I understand that there is a possibility of rare side effects, such as increased brown pigmentation of the colored part of the eye which may be permanent, skin darkening or reddening, eye irritation, dryness of the eyes, and/or itchiness.

\_\_\_\_\_ I understand that there are no specific guarantees on lash growth, thickening, or darkening, but know that in a clinical study, 78% of the recipients noticed significant increases in all three measurements.

\_\_\_\_\_ I understand that due to the manufacturer's policy on prescription products, there will be no returns on Latisse™.

**The treatment/ use of Latisse and the potential Benefits, risks and alternatives have been explained to me by my Physician and I have had all my related questions satisfactorily answered by my Physician.**

**I have read the above information. My Signature below constitutes my acknowledgement and understanding of the information detailed in this form. I hereby freely consent to the use of Latisse and accept the risks and possible complications associated with such prescription/ treatment. I consent to the use of Latisse.**

Patient Name (PLEASE PRINT): \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date and Time: \_\_\_\_\_