

LATISSE

Informed Consent

Latisse solution is indicated to treat hypotrichosis of the eyelashes by increasing their growth, including length, thickness and darkness. It has been approved by the FDA as a prescription treatment used to grow eyelashes and has been studied in clinical trials which have demonstrated its safety and efficacy.

RESULTS:

The onset effect with Latisse solution is gradual. Most patients see a significant improvement by two months. If you stop using Latisse, eyelashes are expected to return to their previous appearance over several weeks to months. Consistent and careful use gives patients the best possible chance of a good outcome.

SAFETY & SIDE EFFECTS:

The active ingredient in Latisse is bimatoprost 0.03% which is contraindicated in patients with hypersensitivity to bimatoprost or any other ingredient in this product.

Adverse events could include: eye itching, conjunctivitis (red eye), skin darkening of eyelids, ocular irritation, dry eye symptoms and redness of eyelids. There is a potential for increased brown iris pigmentation which could be permanent.

Patients who have been diagnosed with elevated intraocular pressure (IOP) or have history of elevated intraocular pressure or are using medications for glaucoma should speak to an eye care specialist prior to starting Latisse. Patients with risk factors for glaucoma or a family history should speak to an eye care specialist prior to starting Latisse.

Contact lenses should be removed when applying Latisse because it contains benzalkonium chloride, a common preservative, which may be absorbed by soft contact lenses. Contacts may be reinserted 15 minutes following Latisse administration; however, Latisse is applied nightly.

I acknowledge that I have read the above information and understand the risks involved in using this medication. Complete instruction as well as literature has been supplied to me regarding Latisse and I have provided 212Skin my medical history. I understand this medication cannot be returned.

All of my questions have been answered to my satisfaction and I request a prescription order for this medication.

Patient signature: _____ Date: _____

Witness: _____ RX order approved: _____