

LATISSE CONSENT FORM

1. Do you use Lumigan or any other medication to treat glaucoma (increased intraocular		
pressure)	Y	Ν
2. Are you pregnant or breastfeeding	Y	Ν
3. Do you have an eye condition called "macular edema" or "uveitis (intraocu inflammation)"?		Ν

4. Do you have any of the following eye conditions/symptoms:

(a)	Itchy eyesY	Ν		
(b)	Red eyesY	Ν		
(c)	Eyelid rednessY	Ν		
(d)	Irritated eyesY	Ν		
(e)	Dry eyesY	Ν		
(f)	Twitching eyelidsY	Ν		
(g)	GlaucomaY	Ν		
5. Do you have brown spots or discoloration of the eyelids?Y N				

If you answered Yes to # 1 or #2 or #3, you may **NOT** use Latisse.

If you answered Yes to any part of #4 or #5, then you need to speak to our medical Director.



Initial HERE Contraindications I do not have any hypersensitivity to bimatoprost or Lumigan or any other ingredient in this product. I am not pregnant or breastfeeding. I do not have macular edema or glaucoma. **Contact Lenses** Latisse solution may be absorbed by soft contact lenses. Contact lenses should be removed prior to application of Latisse and may be reinserted 30 minutes following its use. **Possible Side Effects** The possible side effects of Latisse include but are not limited to: Itching of the eye, redness of the eye or eyelids, dry eyes, irritation, visual blurring, foreign body sensation, sensitivity to light. Allergy to the Latisse product. Infection of the eye. Blepharitis (inflammation of the eyelids), keratitis (inflammation of the cornea). Macular edema (swelling of the retina). Eyelid pigmentation – this can rarely occur. This side effect has been reported to be reversible upon discontinuation of treatment. Iris pigmentation – A permanent darkening pigmentation of the iris has been reported rarely with Lumigen (same medication that is applied as drops into the eye). I understand that Latisse is indicated to treat hypotrichosis of the evelashes (short or not enough eyelashes). Latisse can increase their growth including length, thickness, and darkness. I understand that any treatment provided may or may not meet my expectations. I understand and agree that there is no compensation or refund of monies paid in any event. I consent to the taking of photographs and authorize their anonymous use for the purposes of medical audit, education and promotion.

Please Print Full Name Legibly