Patient Consent for Latisse

Latisse is a prescription treatment approved by the FDA to grow longer, thicker, and darker eyelashes.

Latisse is believed to affect the growth phase of the eyelash hair cycle in 2 ways; first, it increases the length of the "growth" phase; and second, it increases the number of hairs in the "growth" phase. The exact way in which Latisse works is still unknown.

The onset of results is gradual but usually a significant improvement is noted after 2 months of nightly use.

You should not use Latisse solution if you are allergic to one of its ingredients. Also it is important to let your physician know if you answered "yes" to any of the following questions.

Do you have a personal history of Glaucoma? Yes _____ No_____

Do you have a family member (blood relative) with glaucoma? Yes _____ No _____

Do you have a history of elevated intraocular pressure? Yes _____ No _____

Are you currently taking medication for eye pressure problems? Yes _____ No _____

Are you pregnant or breast feeding? Yes _____ No _____

Possible side effects (reported by approximately 4% of users in the Latisse clinical trial) would include:

- Eye itching
- Eye redness

Other less common side effects occur on the skin close to where Latisse is applied or in the eyes.

- Eye irritation
- Dryness or redness of the eyelids
- Darkening of eyelid skin which may be reversible
- Darkening of the eye color, for instance, hazel, green or blue eyes change to brown (likely to be permanent) this was not seen in the clinical trials for Latisse, however has been documented when the product is used as an eye drop for glaucoma.
- Unwanted hair growth in an adjacent area (This did not appear to be a permanent effect)

If you develop a new eye condition (like an eye trauma or infection), experience a sudden decrease in vision, have eye or eyelid surgery, or develop any eye or eyelid reactions, particularly an infection, or if you become pregnant, you should immediately talk to your doctor about whether or not to continue using Latisse solution.

_____
Signature   Date