LATISSE® Consent Form

LATISSE® is a repackaging of bimatoprost, a prostaglandin medication sold as LUMIGAN® since 2001 as a glaucoma medication. My intention I using LATISSE® is solely for the cosmetic enhancement of eyelash length, thickness, and number.

I understand there are several potential side effects of this medication which may be permanent or temporary including:

- **Darkening of the eyes eyelids**
- **Redness, swelling, inflammation of the eyes and/or eyelids**
- **Itching or pain of the eyes and/or eyelids**
- **Dry eye**
- **Change in or loss of vision**
- **Cataract formation**
- **Headaches**
- **Inflammation within the eyes leading to retinal problems**
- **Increased risk of respiratory infections**
- **Abnormal liver function**
- **Weakness, fatigue, malaise**

I attest that I am under the care of a physician who provides me with general medical care and a board-certified general eye doctor (Optometrist or Ophthalmologist), both of whom I will inform that I am using this medication, and I will take responsibility to have regular examinations with these two doctors at the frequency they prescribe to screen for the development of the above problems.

Further, I recognize that if any of the following apply to me, I need to consult with one or both of the above physicians to determine my suitability for using LATISSE®:

- **Current or previous inflammation within the eye**
- **Macular edema**
- **Macular degeneration**
- **Diabetic retinal disease**
- **Prior cataract or eye surgery**
- **Glaucoma**
- **Dry eye**
- **Liver disease**
- **Susceptibility to frequent infections**

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Printed Name            Signature            Date