



### 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***

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date