



**LATISSE™ Consent Form**

*Please initial each section to indicate that you understand each topic. Do not initial if you desire more information.*

**Proposed Treatment**

LATISSE™ solution is a prescription treatment for hypotrichosis (having inadequate or not enough eyelashes) used to grow eyelashes, and has been demonstrated in clinical trials to make them grow longer, thicker, and/or darker. Application of LATISSE™ is to each upper eyelid on a daily basis using the applicators provided in the LATISSE™ kit.

**Initials** \_\_\_\_\_

**Instructions for Use**

I have been provided instructions for LATISSE™ use that have prepared by Allergan (the supplier of LATISSE™) and I agree to follow these instructions. I understand that Allergan has informed users that (a) additional applications of LATISSE™ (beyond the one drop of solution per upper eyelid per evening) will not increase the growth eyelashes and (b) that I should not apply LATISSE™ to the lower eyelash line (because it may darker the skin below the eye).

**Initials** \_\_\_\_\_

**Anticipated Benefit**

Response of eyelash growth to LATISSE™ treatment is gradual and usually is seen following 8 weeks of recommended daily application, with full benefits occurring following 16 weeks of recommended daily application.

**Initials** \_\_\_\_\_

**Pregnancy**

I understand that there are certain conditions where LATISSE™ is not recommended. This includes pregnancy or breastfeeding. None of these conditions apply to me.

**Initials** \_\_\_\_\_

**Photographs**

I authorize the taking of clinical photographs and their use for scientific purposes both in publications and presentations. I understand that my identity will be protected.

**Initials** \_\_\_\_\_

**Pregnancy & Neurological Disease**

I understand that

-the most common side effects after using LATISSE™ solution are an itching sensation in the eyes and/or eye redness, which was reported in approximately 4% of patients in clinical studies.

These may occur immediately after use, but should usually last only for a short period of time. Eye itching and eye redness are not allergic reactions, and do not mean that your eyes are being harmed.

-LATISSE™ use may cause darkening of the eyelid skin which may be reversible. Although not reported in clinical studies, LATISSE™ use may also cause increased brown pigmentation of the colored part of the eye which is likely to be permanent.

-I should tell my eye care specialist that I am using LATISSE™. I will tell anyone conducting an eye pressure screening that I am using LATISSE™.

**Initials** \_\_\_\_\_

**Restrictions**

I do not presently have a history or diagnosis of glaucoma or elevated intraocular pressure in my eyes. If I receive a diagnosis of glaucoma or elevated intraocular pressure while taking LATISSE™, I will consult with my eye care specialist to determine whether continued use of LATISSE™ is recommended.

**Initials** \_\_\_\_\_

**I have read the above and understand it. My questions have been answered satisfactorily by the doctor or doctor's associates. I accept the possible risks and complications of the treatment.**

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

Patient Name (print) \_\_\_\_\_

Witness Signature \_\_\_\_\_