



CONSENT FOR LATISSE PURCHASE

Please, read the following statements and sign below:

Explanation of Latisse:

We are proud to introduce Latisse (bimatoprost ophthalmic solution). This is a prescription treatment for hypotrichosis used to grow eyelashes, making them longer, thicker, and darker.

My signature below constitutes my acknowledgment of the following statements:

- _____ I understand that **ALL SALES ARE FINAL.**
- _____ I am not allergic to the main ingredient bimatoprost ophthalmic solution.
- _____ I do not have a history of eye pressure problems.
- _____ I am not currently taking any medication to lower intraocular pressure or glaucoma.
- _____ I am aware Latisse may cause darkening of the eyelid skin which may be reversible.
- _____ Although not reported in clinical studies, I am aware Latisse may also cause increased brown pigmentation of the colored part of the eye.
- _____ I understand the most common side effects after using Latisse are an itching sensation in the eyes and or eye redness, dryness of the eyes, and redness of the eyelids.
- _____ If I develop a new eye condition (like eye trauma or infection), experience a sudden decrease in vision, have eye surgery, or develop any eye reactions, I should immediately talk to my doctor about whether or not to continue using Latisse solution.
- _____ I understand to only apply Latisse to the upper eyelid, and to only use the sterile applicators that come with the product.

Please, sign below to indicate that you have read and understand the statements above:

By signing this consent form, I confirm I have read this consent form and the consent form has been explained to me in terms which I understand.

PATIENT (PRINT) NAME: _____ DATE: _____

PATIENT SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____