



Latisse Consent

Latisse (bimatoprost ophthalmic solution) 0.03% is a FDA approved prostaglandin analog indicated for the treatment of hypotrichiasis of the eyelashes by increasing their growth including length, thickness, and darkness.

Contraindications

1. Hypersensitivity – Latisse is contraindicated in patients with hypersensitivity to bimatoprost or any other ingredient in this product.

Warning and Precautions

1. Iris Pigmentation – permanent increased iris pigmentation has occurred when bimatoprost was instilled directly onto the eye. Although not reported in clinical studies, there is a potential for permanent change of iris color with the use of Latisse.
2. Lid pigmentation or darkening of the periorbital tissue and eyelashes.
3. Hair growth outside the treatment area.
4. Intraocular inflammation and/or macular edema.
5. Use with Contact Lenses – Latisse contains benzalkonium chloride which may be absorbed into contact lenses.
6. Effects on Intraocular Pressure – bimatoprost lowers intraocular pressure when instilled directly into the eye in patients with or without elevated IOP.
 - a. For Glaucoma patients – Latisse may interfere with the desired reduction of pressure in patients using prostaglandin analogs.
 - b. Use Latisse only one time a day – studies with bimatoprost have shown that exposure of the eye to more than one dose of bimatoprost daily may raise intraocular pressure.

Adverse Reactions

Ocular itching, conjunctival redness, skin hyperpigmentation, ocular burning and irritation, dry eye symptoms, redness of the eyelid, visual disturbance, foreign body sensation, eye pain, blepharitis, cataract, superficial punctate keratitis, eye discharge, tearing, photophobia, allergic conjunctivitis, asthenopia, conjunctival swelling, iritis, infections (primary colds and upper respiratory tract infections) and headaches.

I understand the above, and have had the risks, benefits, and alternatives explained to me. No guarantees about the results have been made. I understand that Pharmaceutical items are not refundable.

I give informed consent for the use of Latisse.

Patient or Person Authorized to Sign for Patient	Please Print Name Here
_____ DATE	_____ WITNESS