AE SKIN

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LATISSE® INFORMED CONSENT

Background

Latisse® (bimatoprost ophthalmic solution 0.3%) is indicated for the correction of hypotrichosis (inadequate hair amount) of the upper eyelashes by increasing their growth including length, thickness, and darkness. The product is applied to the eyelashes daily. The onset is gradual and most patients see improvement by two months. Full benefits occur after four months of continuous treatment.

Risks and Complications

This list is not meant to be inclusive of all possible risks and complications associated with Latisse® as there are both known and unknown side effects associated with any medication or procedure. The possible side effects of Latisse® include but are not limited to:

1. Increased iris pigmentation has occurred. You should be advised that the potential for increased brown iris pigmentation is likely to be permanent should this side effect occur. Iris color changes may not be noticeable for several months to years.

2. There is a risk of itching, increased blood in the eye, hyperpigmentation of the skin, irritation, dry eyes, redness, allergic reaction.

3. Infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.

4. Latisse® has been reported to cause pigment darkening of the eyelid. This side effect has been reported to be reversible upon the discontinuation of treatment.

5. Latisse® solution should be used with caution in individuals with active intraocular inflammation (uveitis) because the inflammation may increase.

6. Swelling of the small area of the retina responsible for central vision. The edema is caused by fluid leaking from the retinal blood vessels.

7. There is a potential for hair growth in areas where Latisse® comes into contact with skin surfaces.

8. There are reports of bacterial keratitis associated with use of multiple-dose containers of ophthalmic products.

Use

Latisse® must be used exactly as directed to reduce the risk of complications and side effects. The Latisse® bottle must be kept intact during use. The bottle tip should never be allowed to contact any other surface to avoid contamination. Place one drop on the single use per eye applicator. Sterile applicators may only be used on one eye and then discarded. Reuse of applicators increases the potential for contamination and infections. Do not apply Latisse® to bottom lashes. Do not use Latisse® on any other areas of the body. Studies have not been performed as to the safety and effectiveness in any area other than the eyelashes. Do not use Latisse® more than once per day. Additional application will not increase results but will increase the risk of possible complication and side effects. Latisse® solution contains benzalkonium chloride, which may be absorbed by soft contact lenses. Contact lenses should be removed prior to application of solution and may be reinserted 20 – 30 minutes following its use. Upon discontinuation of Latisse® eyelash growth is expected to return to its pre-use level.

Photographs

Clinical photographs and their use for shall be used for the patient's medical record and for scientific purposes both in publications and in presentations. The patient's identity will always be protected.

Contraindications

Latisse® is contraindicated in patients with an allergy or hypersensitivity to bimatoprost or any other ingredient in the product.

There are no adequate and well controlled studies for Latisse® in pregnant woman. Latisse® should not be administered during pregnancy since the potential benefit does not justify the potential risk to the fetus.

Nursing or breastfeeding mothers should not take Latisse® since many drugs are excreted in human milk.

Patients using other products containing bimatoprost (such as Lumigan®) to decrease intra-ocular pressure should notify their provider because the concomitant use of Latisse® may interfere with the desired reduction in intra-ocular pressure. Patients using Latisse® who are being screened or treated for increased intra-ocular pressure should inform their providers that they are using Latisse®.

Results

There is no guarantee, warranty, or assurance of results of any treatment. The onset is gradual and most patients see improvement by two months. Full benefits occur after four months of continuous treatment. However, clinical results vary from patient to patient. Continued use is required to attain desired results. Eyelashes will return to their pre-treatment state after discontinuation of Latisse®.

Payment

Payment is due at the time of treatment. All services rendered are charged directly to the patient and the patient is personally responsible for payment. In the event of non-payment, the patient will bear the cost of collection, and/or court cost and reasonable legal fees, should this be required. Prices are subject to change without notice. No refunds will be given for products received.

Consent

By signing below, I acknowledge that I have read the foregoing informed consent, I understand it, and I agree to the treatment with its associated risks and complications. Use of the product Latisse® has been explained to me and my questions have been answered satisfactorily. I understand that Latisse® is used to increase the number of upper eyelashes and that a gradual increase is expected. I have advised my physician or nurse if I am pregnant, trying to get pregnant or if I am nursing. I have advised my physician if I am using any medication to decrease intra-ocular pressure and I will notify any provider who may screen me for increased intra-ocular pressure that I am using Latisse®. I certify that I have no known allergies to bimatoprost. I certify that if I have any change in my medical history I will notify my doctor immediately. I authorize clinical photographs to be taken for my medical record and for scientific purposes both in publications and presentations and that my identity will be protected. I hereby voluntarily consent to the use of Latisse® with the above understood. I hereby release Dr. Alex Eshaghian, the person prescribing the Latisse®, and Alex Eshaghian Medical Corporation from liability associated with this procedure.

Patient Name (print)	Patient Signature	Date

Witness Name (print)	Witness Signature	Date