Latisse Informed Consent

DR. BRYAN MCINTOSH
Refining Natural Beauty

Indications for Latisse Treatment

Latisse is the brand name for bimatoprost, a sister medication already FDA approved for the treatment of glaucoma known as Lumigan. Latisse is FDA approved for the treatment of hypotrichosis of the eyelashes by making them grow longer, thicker and darker. Hypotrichosis is a medical term for short or missing lashes. It is frequently seen in men and women as they approach middle age. Latisse is believed to affect the growth (anagen) phase of the eyelash hair cycle by increasing the length of the growth phase and increasing the number of hairs along the eyelid margin. The onset of action is gradual with most users seeing a significant improvement in the length and number of lashes by 2 months. If Latisse is discontinued the eyelashes and eyelids will return to their previous appearance over several weeks to months.

Risks and Possible Side Effects

The following side effects are the most frequently reported, but occur in less than 4% of users (i.e. 4 out of 100 users):

1. Eye irritation and itching
2. Conjunctival hyperemia or red eye (redness of the white, moist covering of the eyeball)
3. Dry eye symptoms
4. Eyelid redness

Although rare, Latisse has the potential to permanently increase the brown pigmentation of the iris (colored part of the eyeball, inside the eye). Latisse may cause hyperpigmentation or darkening of the eyelid skin which may or may not be reversible upon discontinuation of the treatment. Latisse may lower intraocular pressure (IOP) or pressure inside the eye; however, the magnitude of this reduction is usually not a cause for concern. If you have a history of abnormal eye pressures or glaucoma you should only use Latisse under the close supervision of your ophthalmologist. Inform anyone conducting an eye pressure examination that you are using Latisse. You should inform your ophthalmologist that you are using Latisse if eye surgery is planned. Do not use Latisse if you are allergic or hypersensitive to bimatoprost (Lumigan) or any other ingredient in this product. Latisse is intended for use on the skin at the base of the eyelashes of the UPPER eyelids only. DO NOT APPLY to the lower eyelids as this will increase the chance of side effects such as hyperpigmentation or darkening of the eyelid skin. You should discontinue use of Latisse and call your physician immediately if you develop an eye infection, sudden decrease in vision, suffer eye trauma, or develop eye or eyelid reactions.

Contraindications

You should NOT use Latisse if: you are allergic or hypersensitive to bimatoprost (Lumigan) or any other ingredient in this product; are about to undergo cataract or other eye procedures, have an intraocular inflammation (uveitis), have risk factors for macular edema, have an eye infection, or are being treated for glaucoma with eye drops, unless cleared by your treating ophthalmologist. LATISSE is not approved for people under the age of 18. It is not recommended for pregnant or lactating women.

Acceptance of Risks

I understand and agree that I am personally responsible for payment for Latisse. I further agree in the event of non-payment, to bear the cost of collection, and/or court cost and reasonable legal fees, should this be required. I understand the procedure(s) I seek are cosmetic in nature, not medically necessary, and therefore would be fraudulent and unethical for Dr McIntosh to submit a fee to any insurance company for coverage. I have been explained to and shown the financial costs of having Dr. McIntosh provide Latisse for me and accept these terms. I further understand that Dr. McIntosh will not accept insurance for this product. My consent to have Dr. McIntosh provide care and not accept assignment from any insurance company, managed care provider or other coverage source is irrevocable and final. I understand I will be fully responsible for the fees for the treatment I seek.

I have read the above information, discussed it with my physician, had ample opportunity to ask any questions, and fully understand this information. I understand that it is impossible for the physician to inform me of every possible complication that may occur. My physician has told me that results cannot be guaranteed. By signing below, I agree that my physician has answered all of my questions and I give informed consent to proceed with Latisse treatment.

_____	_____
Patient or Legal Representative Signature / Date	Print Patient or Legal Representative Name
_____	_____
Relationship (self, parent, etc.)	Witness Signature / Date

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