



WALLA WALLA AESTHETICS
AND LASER SPA

LATISSE™ Consent Form

LATISSE™ is approved by the Food and Drug Administration (FDA) for the treatment of thin or short eyelashes. If you have a history of glaucoma or abnormal intraocular pressure (IOP), you should inform Dr. or a staff member and should not use LATISSE™. Only use LATISSE™ with close supervision of your doctor. Do not use LATISSE™ solution if you are allergic to one of its ingredients. Inform Dr. or a staff member if you are already using LATISSE™, especially if you have a history of eye pressure problems. You should also tell anyone conducting an eye pressure screening that you are using LATISSE™. LATISSE™ solution is intended for use on the skin of the upper eyelid margins at the base of the eyelashes. DO NOT OVERDOSE. More is not better. DO NOT APPLY to the lower eyelid. 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. LATISSE™ solution may cause other less common side effects which typically occur on the skin close to where LATISSE™ is applied, or in the eyes. These include skin darkening, eye irritation, dryness of the eyes, and redness of the eyelids. The most common side effects after using LATISSE™ solution are an itching sensation in the eyes and / or eye redness. This was reported in approximately 4% of patients. Symptoms will subside with continued use. Some patients may experience no change in the eyelash growth with LATISSE™. Hair growth outside of the target area may develop with repeated contact. Contact lenses should be removed prior to application. One may reinsert contact lenses 15 minutes after application. If using an eye cleanser with oil, be sure to clean off all residue of oil. Oils can interfere with the absorption of the LATISSE™ solution. Because the effect of applying LATISSE™ to the eyelids of pregnant or breast feeding patients is unknown, Dr. does not recommend use. Full prescribing information has been provided to me by Dr. . I agree to hold Dr. , Skin, and its staff harmless for not meeting my expectations since I am choosing to receive this treatment. I understand all warning signs of problems and infection and will notify the office immediately with any questions or concerns. This product is not returnable. All sales are final.

Print Name of Patient

Signature of Patient Date

Signature of Practitioner or Physician