

CONSENT FOR TREATMENT WITH LATISSE

Date_____

Patient Name_____

I acknowledge that I have been examined by Kathryn M. Gardner, M.D., and wish to begin treating my eyelids with Latisse (bimatoprost 0.03%) in order to improve the growth, including length, thickness and darkness, of my eyelashes.

I understand that the following are potential complications and side effects of Latisse use:

- 1) Darkening of the iris color, which is permanent.
- 2) Darkening of the eyelid skin, which may be reversible upon discontinuation of the product.
- 3) Red eye, eye irritation and itching, including dry eye symptoms.
- 4) Allergy to Benzalkonium Chloride, the preservative in the Latisse drops.
- 5) Allergy to Latisse.
- 6) Lowering of intraocular pressure.
- 7) Worsening of any ongoing eye inflammation, including uveitis and post-surgery inflammation.
- 8) Worsening of herpes simplex infections of the eye.

It is important to notify Dr. Gardner of any new eye inflammation or injury that occurs while using Latisse, and to discontinue its use until Dr. Gardner is contacted. It is also important for Dr. Gardner to be notified of any personal or family history of glaucoma.

I have read and understand these potential complications and side effects of Latisse use.

Patient Signature_____

Kathryn M. Gardner, M.D._____