

You Only Younger

Latisse Prescription Consent

I, _____, understand that I will be given a prescription for Latisse (bimatoprost ophthalmic solution) which is indicated to treat hypotrichosis (inadequate or not enough eyelashes) of the eyelashes by increasing their growth including length, thickness and darkness.

A. Contraindications

Hypersensitivity

1. Patients with hypersensitivity to bimatoprost or any other ingredient in this product.

Pregnancy

1. While there are no adequate and well controlled studies for bimatoprost in pregnant woman, Latisse should not be administered during pregnancy since the potential benefit does not justify the potential risk to the fetus
2. Nursing mothers should not take Latisse since many drugs are excreted in human milk

Contact Lenses

1. Latisse solution 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.

The possible side effects of Latisse include but are not limited to:

1. Risks: I understand there is a risk of itching, increased blood in the eye, hyperpigmentation of the skin, irritation, dry eyes, redness, allergic reaction.
2. Infection: Infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.
3. Iris Pigmentation: 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.
4. Lid Pigmentation: Bimatoprost 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. Intraocular Inflammation: Latisse solution should be used with caution in individuals with active intraocular inflammation (uveitis) because the inflammation may increase.
6. Macular Edema: Swelling of the small area of the retina responsible for central vision. The edema is caused by fluid leaking from the retinal blood vessels.

Use

1. Latisse must be used exactly as directed to reduce the risk of complications and side effects.
2. The Latisse bottle must be kept intact during use.
3. Place one drop on the single use per eye applicator.
4. Bottle tip should never be allowed to contact any other surface to avoid contamination
5. Sterile applicators may only be used on one eye and then discarded. Reuse of applicators increases the potential for contamination and infections.
6. Do not apply Latisse to bottom lashes
7. 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.
8. Upon discontinuation of Latisse eyelash growth is expected to return to its pre-use level
9. 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.

The nature and purpose of the treatment have been explained to me. I have read and understand this agreement. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative methods of treatment and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment.

I understand there is no guarantee of results of any treatment. I understand regular charges applies to all subsequent treatments. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I understand there are no refunds on any services rendered. 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 release You Only Younger, LLC, medical staff and technicians from liability associated with the procedure. I certify that I am a competent adult of at least 18 years of age. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns. Note: All prices are subject to change without prior notice. I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publications, or sales purposes. No photographs revealing my identity will be used without my written consent.

Client's Name (Please Print): _____

Client's Signature _____

Date: _____