



Emerge Medical Spa
 7455 SW Bridgeport Rd Ste 240
 Tigard OR 97224
 503-802-7546

Emerge Medical Spa
 Consent to receive Latisse™
 (bimatoprost/lumigan ophthalmic solution) 0.03% Treatment

Evaluation Questions

	Yes	No
Do you wear contact lenses?		
Do you have ocular pressure problems?		
Do you have any medical eye conditions?		
Medical Condition:		
Are you allergic to Bimatoprost/Lumigan?		
Are you pregnant or breast feeding?		

A. Purpose and Background

You have requested a treatment protocol for Latisse™ (bimatoprost ophthalmic solution) 0.03%. Latisse™ has been FDA approved for the treatment of hypotrichosis (loss of hair) and is used to grow eye lashes, making them longer, thicker and darker.

B. Procedure

This product is dispensed in packages with enough product and applicators for 30 days. It includes 60 applicators, (1) for each eye per day. Once nightly ensure the face is clean, makeup and contact lenses are removed, and any other facial care products have been applied. Then, carefully apply one drop of Latisse™ to the disposable sterile applicator supplied in the package and apply evenly along the skin of the upper eyelid at the base of the eyelashes. The upper lid in the area of lash growth should feel lightly moist without runoff. Blot any excess solution runoff outside the upper eyelid with a tissue. Dispose of the applicator after one use and then repeat for the opposite upper eyelid margin using a new sterile applicator. **DO NOT APPLY** to lower eyelid.

C. Risks/Discomfort

You should not use Latisse™ if you have an active eye condition, including an eye infection, or have broken or irritated skin on your eyelid or if you are using products for elevated intraocular pressure. 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. 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.

It is possible for hair growth to occur in other areas of your skin that Latisse™ frequently touches. Any excess solution outside the upper eyelid margin should be blotted with a tissue or other absorbent material to reduce the chance of this from happening. It is also possible for a difference in eyelash length, thickness, fullness, pigmentation, number of eyelash hairs, and/or direction of eyelash growth to occur between eyes. These differences, should they occur, will usually go away if you stop using Latisse™.

If you develop a new ocular condition (e.g., trauma or infection), experience a sudden decrease in visual acuity, have ocular surgery, or develop any ocular reactions, particularly conjunctivitis and eyelid reactions, you should immediately seek your physician's advice concerning the continued use of Latisse™ solution.

D. Benefits

Latisse™ is an FDA-approved prescription treatment for hypotrichosis used to grow eyelashes, making them longer, thicker and darker. Latisse™ users may see results starting at 4 weeks with full results at 16 weeks. The growth is gradual overnight, over time. If you stop using Latisse™, your eyelashes are expected to return to their previous appearance over several weeks to months.

E. Alternatives

This is a strictly voluntary cosmetic procedure. No treatment is necessary or required. Latisse™ is the only FDA approved treatment for hypotrichosis.

F. Cost and Payment

The cost of treatment will be billed to you individually. As this procedure is generally considered cosmetic, it is generally not reimbursable by government or private health plans. Emerge Medical Spa, LLC, does not accept insurance assignment and you will be fully responsible for any charges incurred for this procedure.

If you elect to stop/discontinue treatment due to discomfort, change in financial status, or any other reason, no refund will be issued.

G. Questions

By signing below, you certify that this procedure has been explained to you to your satisfaction. Any further questions can be directed directly to the Medical Director or associates at 503/802-7546.

H. Consent

I have reviewed this consent form. My consent and authorization for this procedure are strictly voluntary. By signing this informed consent form I grant authority for Emerge Medical Spa or the designee to perform the described procedure and/or administer any related treatment as deemed necessary or advisable for my medical condition.

I have read this informed consent and certify that I understand its contents in full. I have had enough time to consider the information and feel that I am sufficiently advised to consent to this procedure. I hereby give my consent to have this procedure. No guarantee has been given by anyone as to the results that may be obtained by this treatment.

I. Refund

I understand that Emerge Medical Spa has a no refund policy and may hold an administrative fee of no less than \$250 in the event of a refund.

All sales are final and this prescription cannot be returned for either refund or credit.

Patient Print Name:		Date:	
Patient Signature:		Date:	