## SOUTHWEST CONTEMPORARY WOMEN'S CARE, P.C.

LATISSE® Patient Info

| Name:  | Dat  | e of Birth:   |
|--|--|---|
| Address:   |  |   |
| City   | State  | Zip   |
| Phone:   | Email:   |   |
|  | ister you for the <i>ALLE</i> rewards program? <b>YES/N</b><br>nd other Allergan products, such as Botox, Juvé   | <u> </u>  |
| Are you taking medical   | _  |   |
| •  | ne above, you should <b>check with your eye doct</b><br>bimatoprost or any other ingredient. We do NO<br>g.  |   |
| <ul> <li>Use daily for 16 week</li> <li>Remove any makeup</li> <li>Wait 15 minutes beform</li> <li>Don't apply directly in on other skin that LAT</li> <li>Only use the sterile approximate of the sterile approximate of</li></ul> | nto the eye or lower lid, and blot any excess sol<br>FISSE frequently touches.<br>Oplicators supplied with the kit, and don't allow<br>ther unintended surfaces. This will minimize th<br>ffects include: eye itching, eye redness, skin dan<br>G of people experience these effects. Rarely, LA | ution. It is possible for hair growth to occur the tip of the bottle to come in contact the risk of infection. rkening, eye irritation, dry eye and eyelid TISSE can cause permanent increase in formal condition if you stop using it. In your eye doctor. Indition (such as trauma or infection), To any reactions. |
| Patient Signature:   |  | Date:   |

Office Signature:

Date: \_\_\_\_\_