



BEAUTOX BAR

Beautox Bar LLC • 7372 Kirkwood Court N, Maple Grove, MN 55369

Beautox Bar WBL LLC • 4503 Allendale Drive, White Bear Lake, MN 55127

LATISSE® (bimatoprost ophthalmic solution) Informed Consent

Client Name: _____

Purpose / Indication

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.

Contraindications

Latisse® should not be used / I will tell the provider if any of the following apply:

- Hypersensitivity: allergy or hypersensitivity to bimatoprost or any other ingredient in this product
- Pregnancy: While there are no adequate and well-controlled studies of bimatoprost in pregnant women, Latisse® should not be administered during pregnancy since the potential benefit does not justify the potential risk to the fetus
- Nursing / breastfeeding: Nursing mothers should not use Latisse® since many drugs are excreted in human milk
- Contact lenses: Latisse® solution may be absorbed by soft contact lenses. Contact lenses should be removed prior to application of the solution and may be reinserted 20–30 minutes following its use

Risks / Side Effects

Every medication involves risk. Possible side effects and risks of Latisse® include, but are not limited to:

- Itching, increased blood in the eye (ocular hyperemia), hyperpigmentation of the skin, irritation, dry eyes, redness, or allergic reaction
- Infection: usually treatable; rare permanent scarring
- Iris pigmentation: increased brown pigmentation of the iris is likely permanent and may take months to years to notice
- Lid pigmentation: darkening of the eyelid skin, generally reversible after discontinuation
- Intraocular inflammation: use caution with active uveitis; inflammation may increase
- Macular edema: swelling of the retina area for central vision from fluid leaking from retinal vessels



- Unsatisfactory or incomplete eyelash growth response, or need to discontinue use

Proper Use Instructions

Latisse® must be used exactly as directed. I understand and agree to follow these instructions:

- Keep the bottle intact during use
- Place one drop on the single-use per-eye applicator
- The bottle tip must never contact any other surface (to avoid contamination)
- Use sterile applicators: one eye only, then discard; reuse increases infection risk
- Do not apply Latisse® to the bottom lashes
- Do not use more than once per day — extra applications will not improve results and increase risks
- Upon discontinuation, eyelash growth is expected to return to the pre-use level
- Do not use Latisse® on any other areas of the body; studies have not been performed for safety or effectiveness except for eyelashes
- If I experience concerning side effects (significant eye pain, vision changes, severe redness/swelling, signs of infection, or suspected allergic reaction), I will stop use and contact Beautox Bar LLC / Beautox Bar WBL LLC or seek medical care promptly

Client Attestations

By signing this consent, I state and confirm that:

- I am not pregnant, and I am not nursing / breastfeeding. I understand I should not use Latisse® if I become pregnant or begin nursing, and I will notify the clinic immediately if that changes
- I understand that contact lenses must be removed before applying Latisse® and may be reinserted 20–30 minutes after application, and I will follow these instructions if I wear soft contact lenses
- I have disclosed any known hypersensitivity to bimatoprost or any ingredient in Latisse®, and any history of uveitis, macular edema, or other significant eye conditions relevant to this treatment
- I have had the opportunity to ask questions about Latisse®, its risks, benefits, and proper use, and my questions have been answered to my satisfaction

Minnesota Informed Consent Notice

Under Minnesota law, patients are entitled to complete and current information about their diagnosis, proposed treatment, alternatives, risks, and prognosis in language they can reasonably understand, and have the right to refuse treatment after receiving that information. See Minn. Stat. § 144.651, subd. 9 (information about treatment) and subd. 12 (right to refuse care). Obtaining informed consent for tests, procedures, and treatments



is also a recognized professional obligation for physicians licensed in Minnesota (see Minn. Stat. ch. 147). By signing this form, I confirm that I have received understandable information about Latisse® (bimatoprost ophthalmic solution), alternatives, risks, and contraindications, have had a chance to ask questions, and am consenting voluntarily.

Acknowledgment and Consent

I consent to receiving a prescription for and using Latisse® (bimatoprost ophthalmic solution) as directed. I have read the information above (or had it read to me) and am satisfied with the informed consent process. My questions have been answered to my satisfaction. I understand that results are not guaranteed, that eyelash growth typically returns toward the pre-use level after discontinuation, and that I must follow proper-use instructions to reduce the risk of contamination, infection, and other side effects. I hereby give consent to Beutox Bar LLC and/or Beutox Bar WBL LLC, and to authorized providers and clinic team members, to prescribe and provide Latisse® under this consent unless I revoke it. I hereby release the ordering/supervising provider, the prescribing clinician, and the facility from liability associated with this product and its use to the extent permitted by Minnesota law, except for claims arising from negligence or willful misconduct.

Client Name (print): _____

Client Signature: _____ **Date:** _____

Clinic Team Member Name (print): _____

Clinic Team Member Signature: _____ **Date:** _____

This consent applies to services provided by Beutox Bar LLC (Maple Grove) and Beutox Bar WBL LLC (White Bear Lake). Latisse® is a trademark of its owner and is used here for product identification only.