

# Ricardo L Rodriguez, M.D.

cosmeticsurg • the science of beauty®

Medical Director of Cosmeticsurg.net  
Board Certified, American Board of Plastic Surgery  
Board Certified, American Board of Surgery

Patient Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone # \_\_\_\_\_ Home # \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender Female Male

Do you currently have any general health problems? .....  Yes  No

If you answered yes to the above, please explain: \_\_\_\_\_

Do you have a history of any eye diseases or problems? .....  Yes  No

Have you ever had eye pressure problems? .....  Yes  No

Have you had any recent eye surgery or infections? .....  Yes  No

Are you pregnant or breastfeeding? .....  Yes  No

\_\_\_\_\_

I understand that Latisse Eyelash treatment is for use on **UPPER eyelashes ONLY** and that all information I have provided is true.

I acknowledge that Latisse is a prescription, exclusively for my personal use. I agree not to share, transfer or otherwise distribute Latisse to anyone. I understand that Latisse is refillable and that I may reorder at one (1) month intervals.

I have read the product literature and [safety information at the Latisse website](#). I will discontinue the product and see a doctor if I experience redness or irritation. I will call the office at 410-494-8100 if I have any questions.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date