INFORMED CONSENT AND RELEASE TO BE TREATED WITH *iLUX*® DEVICE

By signing below I, _____, hereby consent to be treated with the iLux® device by a licensed health care professional. I understand the iLux® device is indicated for the application of localized heat and pressure therapy in adult patients with chronic disease of the eyelids, including meibomian gland dysfunction (MGD), also known as evaporative dry eye.

I also understand the use of the iLux® device is contraindicated for patients with the following conditions: patients (i) whose pupils have been pharmaceutically dilated, (ii) who have undergone ocular surgery within the last 12 months, (iii) who have experienced ocular injury or trauma, chemical burns, or limbal stem cell deficiency within the last 3 months, (iv) who have had active ocular herpes zoster or simplex of eye or eyelid or a history of these within the last 3 months, (v) who have active ocular inflammation or history of chronic, recurrent ocular inflammation within the last 3 months, cicatricial lid margin disease identified via slit lamp examination, or active ocular infection, (vi) who have ocular surface abnormality that may compromise corneal integrity, lid surface abnormalities that affect lid function in either eye, aphakia or permanent makeup or tattoos on their eyelids, moderate to severe allergic, vernal or giant papillary conjunctivitis, severe eyelid inflammation, systemic disease conditions that cause dry eye, or (vii) who are taking medications known to cause dryness, or have punctal plugs.

I understand I will need to remove my contact lenses prior to treatment.

I acknowledge ALCAINE® ophthalmic solution (proparacaine hydrochloride, USP) 0.5%, may be administered to numb my eyes before beginning treatment with the iLux® device. I have considered the following precautions regarding this drug: **carcinogenesis, mutagenesis, impairment of fertility.** Long-term studies in animals have not been performed to evaluate carcinogenic potential, mutagenicity, or possible impairment of fertility in males or females.

Pregnancy: Animal reproduction studies have not been conducted with ALCAINE® ophthalmic solution (proparacaine hydrochloride, USP) 0.5%. It is also not known whether proparacaine hydrochloride can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. ALCAINE ophthalmic solution is not recommended during pregnancy.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when proparacaine hydrochloride is administered to a nursing woman.

I also understand potential adverse effects may include eyelid/eye pain requiring discontinuation of the treatment procedure, eyelid irritation or inflammation, temporary reddening of the skin, ocular surface irritation or inflammation and ocular symptoms. If this happens, I may not be able to wear my contact lenses immediately after the treatment.

By signing below, I am confirming that I voluntarily agree to undergo treatment with the iLux® device and confirming that I do not have any of the above conditions, I have considered the precautions and risks regarding ALCAINE® ophthalmic solution and understand the potential adverse events that can occur as a result of treatment with the iLux® device. I have completed the DEQ 5 questionnaire and been assessed by the treating health care professional and I have been given the opportunity to ask any questions I may have about the iLux® device treatment. I have read this form and I hereby release Alcon Canada Inc. and its employees and affiliates and the health care professional administering the iLux® device treatment from any and all liability, damages, claims and demands of any nature arising from or related to my receiving treatment with the iLux® device.

_____ _____

Signature of patient Date Signature of witness Date