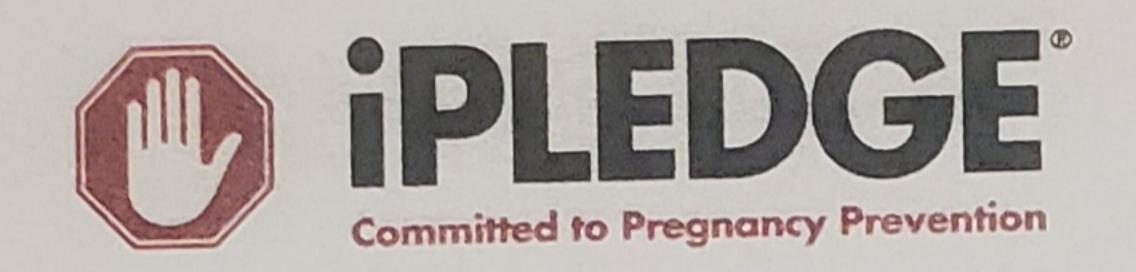
Doctor Signature:



iPLEDGE-Committed to Pregnancy Prevention P.O. Box 29094 Phoenix, AZ 85038

Initials:

happen. I:

Before I start taking isotretinoin, I agree to tell my doctor if, to the best of my knowledge, anyone in my family has ever had symptoms of depression, been psychotic, attempted suicide, or had any other serious mental problems.

Once I start taking isotretinoin, I agree to stop using isotretinoin and tell my doctor right away if any of the following signs and symptoms of depression or psychosis

## Patient Information/Informed Consent (for all patients):

To be completed by patient (and parent or guardian if patient is under age 18) and signed by the doctor.

Read each item below and initial in the space provided if you understand each item and agree to follow your doctor's instructions. A parent or guardian of a patient under age 18 must also read and understand each item before signing the agreement.

must also read and understand each item before signing the agreement.  Do not sign this agreement and do not take isotretinoin if there is anything that you do not understand about all the information you have received about using isotretinoin.		Start to feel sad or have crying spells     Lose interest in activities I once enjoyed
		1.
	understand that isotretinoin is a medicine used to treat severe nodular acne that	Have a change in my appetite or body weight
	cannot be cleared up by any other acne treatments, including antibiotics. In severe nodular acne, many red, swollen, tender lumps form in the skin. If untreated, severe	Have trouble concentrating
	nodular acne, many red, swollen, tender lumps form in the skin. If untreated, severe nodular acne can lead to permanent scars.	Withdraw from my friends or family
	Initials:	Feel like I have no energy
2	My doctor has told me about my choices for treating my acne.	Have feelings of worthlessness or guilt
۷.	Initials:	Start having thoughts about hurting myself or taking my own life (suicidal thoughts)
3.	I understand that there are serious side effects that may happen while I am taking	Start acting on dangerous impulses
	isotretinoin. These have been explained to me. These side effects include serious birth defects in babies of pregnant patients. [Note: There is a second Patient	Start seeing or hearing things that are not real
	Information/Informed Consent About Birth Defects (for female patients who can	Initials:
	get pregnant)].  Initials:	8. I agree to return to see my doctor every month I take isotretinoin to get a prescription for isotretinoin, to check my progress, and to check for signs
4.	I understand that some patients, while taking isotretinoin or soon after stopping isotretinoin, have become depressed or developed other serious mental problems.	side effects.
	Symptoms of depression include sad, "anxious" or empty mood, irritability, acting on dangerous impulses, anger, loss of pleasure or interest in social or sports activities, sleeping too much or too little, changes in weight or appetite, school or work performance going down, or trouble concentrating. Some patients taking isotretinoin have had thoughts about hurting themselves or putting an end to their own lives (suicidal thoughts). Some people tried to end their own lives. And some people have	Initials:
		9. Isotretinoin will be prescribed just for me — I will not share isotretinoin with other people because it may cause serious side effects, including birth defects.
		Initials:
	ended their own lives. There were reports that some of these people did not appear	10. I will not give blood while taking isotretinoin or for 1 month after I stop taking isotretinoin. I understand that if someone who is pregnant gets my donated leading to the control of the control o
	depressed. There have been reports of patients on isotretinoin becoming aggressive or violent. No one knows if isotretinoin caused these behaviors or if they would have	her baby may be exposed to isotretinoin and may be born with serious birth
	happened even if the person did not take isotretinoin. Some people have had other signs of depression while taking isotretinoin (see #7).	Initials:
	Initials:	11. I have read Patient Introductory Brochure and other materials my provider provided me containing important safety information about isotretinoin. I
_	Before I start taking isotretinoin, I agree to tell my doctor if I have ever had	understand all the information I received.
J.	mptoms of depression (see #7), been psychotic, attempted suicide, had	Initials:
	any other mental problems, or take medicine for any of these problems. Being psychotic means having a loss of contact with reality, such as hearing voices or	My doctor and I have decided I should take isotretinoin. I understand that I be qualified in the iPLEDGE Program to have my prescription filled each n
	seeing things that are not there.	understand that I can stop taking isotretinoin at any time. I agree to tell my of I stop taking isotretinoin.
	Initials:	Initials:
		Hittas
Ind	ow allow my doctorto	begin my treatment with isotretinoin.
Pat	ient Signature:	Date:
Par	ent/Guardian Signature (if under age 18):	Date:
	ient Name (print)	
	ient Address	
I ha	ave:	
• fi	ally explained to the patient,	, the nature and purpose of isotretinoin treatment, including its benefits an
	rovided the patient the appropriate educational materials, such as the Patient Introductory Brochu	e and asked the patient if he/she has any questions regarding his/her
	reatment with isotretinoin	
• aı	nswered those questions to the best of my ability	

PLACE THE ORIGINAL SIGNED DOCUMENTS IN THE PATIENT'S MEDICAL RECORD. PLEASE PROVIDE A COPY TO THE PATIENT.

Date: