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Accutane

Patient Instructions and Acknowledgement Form

1. I agree to return to see my doctor every 30 days for the next 6 months to check my progress, and check signs of side effects. _____
2. I agree to have my blood work done 2 days before every appointment. _____
3. I agree (females only) to visit the IPledge website and answer questions monthly. _____
4. I agree to apply sunscreen at all times to avoid severe sunburn. _____
5. I agree to have my prescriptions filled within three days following every appointment. _____
6. I agree to provide the pharmacy with my IPledge identification card (yellow card) _____
7. I agree to have no waxing or laser treatment of any kind during my course of isotretinoin (Accutane) and for 1 month afterwards. _____
8. I have read the IPledge Program patient introductory brochure and other materials my provider gave me containing important safety information about Isotretinoin (Accutane). _____

I understand that my physicians will be monitoring my treatment closely for the next 6 months. If I need to cancel any of my appointments or if I have problems or questions, I must speak to a physician or medical assistant.

Patient

Patient/ Guardian (if patient is under 18 years old)