



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.

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.

1. I, Disha Bodduluri

(Patient's Name)

understand that isotretinoin is a medicine used to treat severe nodular acne that 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 nodular acne can lead to permanent scars.

Initials: DB

2. My doctor has told me about my choices for treating my acne.

Initials: DB

3. I understand that there are serious side effects that may happen while I am taking 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 Information/Informed Consent About Birth Defects (for female patients who can get pregnant)].

Initials: DB

4. I understand that some patients, while taking isotretinoin or soon after stopping isotretinoin, have become depressed or developed other serious mental problems. 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 ended their own lives. There were reports that some of these people did not appear 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 happened even if the person did not take isotretinoin. Some people have had other signs of depression while taking isotretinoin (see #7).

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5. Before I start taking isotretinoin, I agree to tell my doctor if I have ever had symptoms of depression (see #7), been psychotic, attempted suicide, had 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 seeing things that are not there.

Initials: DB

I now allow my doctor Anna Chacon

Patient Signature: Anna Chacon

Parent/Guardian Signature (if under age 18): _____

Patient Name (print) Disha Bodduluri

Patient Address 347 Westwoods ct Schenectady NY, 12303 Telephone 518 - 902 - 8160

I have:

- fully explained to the patient, _____, the nature and purpose of isotretinoin treatment, including its benefits and risks
- provided the patient the appropriate educational materials, *The iPLEDGE Program Patient Introductory Brochure* and asked the patient if he/she has any questions regarding his/her treatment with isotretinoin
- answered those questions to the best of my ability

Doctor Signature: _____ Date: _____

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