Isotretinoin Consent Form

Patient Name	:	Alston Rebello				Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20	Nationality	:	Indian
Gender	:	Male	Doctor's Name	:	test test	Date	:	2024-03-01

Please Initial:

☐ I, the undersigned declare that I have been fully informed of details of the precautions to be taken during the isotretinoin therapy period.

☐ I must prevent pregnancy during therapy and 1 month post therapy.

☐ Child malformation is expected to be seen in case of pregnancy during the treatment phase and a month after. Strictly, pregnancy must be prevented to avoid this

☐ I do understand I must take contraceptives seriously and regularly during therapy and one month after.

☐ In case of pregnancy I must inform my doctor immediately.

☐ I understand the consequences of not following the doctor's orders to prevent pregnancy during isotretinoin therapy.

☐ I hereby do not hold the doctor responsible to having not to follow the precautionary measures.

☐ This consent form is valid for 6-9 months course period, and I will alert the staff if there are any future changes to my medical history, or if I become pregnant.

I hereby give my consent and authorization voluntarily and release VISION MEDICAL & DENTAL CENTER (Abu Dhabi) from any claims, implied or stated that I have or may have in the future with this treatment regardless of result. I am stating that the treatment and precautions above have been explained to me in detail and that I fully understand.

Sign here, only if all of your questions have been answered to your satisfaction	
Patient	Doctor
	
Patient Name Alston Rebello Date 2024-03-01	Doctor Name test test - Laser (1) Date 2024-03-01

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