

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	:	Alan Alfred	Date	:	2024-04-19

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
	<div></div>
Patient Name Alston Rebello Date 2024-04-19	Doctor Name Alan Alfred - Dental (15245565544445) Date 2024-04-19