



ISOTRETINOIN

Consent for female patients not following Pregnancy Prevention Plan

- I have received the information about the risks of having an affected baby if I should become pregnant whilst taking isotretinoin.
- I am aware that this risk to a pregnancy persists throughout the duration of the treatment with isotretinoin and during the month after finishing treatment.
- I believe that I am not pregnant at this moment.
- I believe that I am not at risk of becoming pregnant during the course of treatment with isotretinoin or in the month following treatment.
- I have discussed with í í í í í í í í í í í . (name of doctor or nurse) the risks to a pregnancy during treatment with isotretinoin and accept these risks if I take isotretinoin
- I am prepared to take isotretinoin without taking/using contraception at the same time
- If I become pregnant whilst taking isotretinoin or in the month after treatment, I will inform í í í í í í í í .. and seek advice from í í í í í í í í í

Signed: _____ Date: _____

Print Name: _____

Witnessed: _____

Declaration: _____