



# PRESCRIBING CHECKLIST: FIRST OFFICE VISITS

## For Female Patients Of Childbearing Potential

Patient name \_\_\_\_\_ ID# \_\_\_\_\_

### First Visit

#### Patient Registration Information

First name \_\_\_\_\_ Last name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Date of birth \_\_\_\_\_ Social Security number: Last 4 digits \_\_\_\_\_  Patient has no Social Security card

I have obtained the signed Patient Information/Informed Consent form

I have supplied the patient with an iPLEDGE program identification card

Identification card # \_\_\_\_\_

#### Confirmation Information

I have counseled this patient on the following:

- Requirement to use 2 forms of birth control every time she has intercourse
- Drug should not be shared with anyone
- Blood should not be donated while taking isotretinoin
- Patient program requirements

#### First Pregnancy Screening

Initial pregnancy test (serum or urine) must be negative for patient to enter the iPLEDGE program.

Date: \_\_\_\_\_ Results:  Positive  Negative

### Follow-up Visit

#### Contraception Counseling

I have provided contraception counseling to this patient

- OR -

This patient was referred to and obtained contraception counseling from another healthcare professional

Date of contraception counseling: \_\_\_\_\_

I have obtained a signed Patient Information/Informed Consent About Birth Defects form from this patient

#### Confirmation Information

2 acceptable forms of contraception used simultaneously for 30 days prior to second pregnancy test

- Contraception form 1 \_\_\_\_\_
- Contraception form 2 \_\_\_\_\_

Second serum or urine pregnancy test ordered through a CLIA-certified laboratory

I have counseled this patient on the following:

- Requirement to use 2 forms of birth control every time she has intercourse
- Drug should not be shared with anyone
- Blood should not be donated while taking isotretinoin
- Patient program requirements

I have confirmed with the iPLEDGE system that I have counseled the patient

I have prescribed (maximum) 30-day supply of isotretinoin

#### Pregnancy Test Results

Specimen Collection Date: \_\_\_\_\_

Pregnancy Test Type:  Serum  Urine

Serum hCG: \_\_\_\_\_ mIU/ml

Lab Test Results:  Positive  Negative

Prescriber Diagnosis:  Pregnant  Not Pregnant

**USE REVERSE SIDE FOR MONTHLY VISITS**

FIRST VISIT

FOLLOW-UP

Date \_\_\_\_\_

Date \_\_\_\_\_

# PRESCRIBING CHECKLIST: MONTHLY VISITS

## For Female Patients Of Childbearing Potential

Patient name \_\_\_\_\_ ID# \_\_\_\_\_

### Monthly Visits

Date \_\_\_\_\_

#### Confirmation Information

- 2 acceptable forms of contraception used simultaneously for 30 days prior to pregnancy test  
Contraception form 1 \_\_\_\_\_  
Contraception form 2 \_\_\_\_\_
- Serum or urine pregnancy test ordered through a CLIA-certified laboratory
- I have counseled this patient on the following:
  - Requirement to use 2 forms of birth control every time she has intercourse
  - Drug should not be shared with anyone

- Blood should not be donated while taking isotretinoin
- Patient program adherence

- I have confirmed with the iPLEDGE system that I have counseled the patient
- I have prescribed (maximum) 30-day supply of isotretinoin

#### Pregnancy Test Results

Specimen Collection Date: \_\_\_\_\_  
 Pregnancy Test Type:  Serum  Urine  
 Serum hCG: \_\_\_\_\_ mIU/ml  
 Lab Test Results:  Positive  Negative  
 Prescriber Diagnosis:  Pregnant  Not Pregnant

Date \_\_\_\_\_

#### Confirmation Information

- 2 acceptable forms of contraception used simultaneously for 30 days prior to pregnancy test  
Contraception form 1 \_\_\_\_\_  
Contraception form 2 \_\_\_\_\_
- Serum or urine pregnancy test ordered through a CLIA-certified laboratory
- I have counseled this patient on the following:
  - Requirement to use 2 forms of birth control every time she has intercourse
  - Drug should not be shared with anyone

- Blood should not be donated while taking isotretinoin
- Patient program adherence

- I have confirmed with the iPLEDGE system that I have counseled the patient
- I have prescribed (maximum) 30-day supply of isotretinoin

#### Pregnancy Test Results

Specimen Collection Date: \_\_\_\_\_  
 Pregnancy Test Type:  Serum  Urine  
 Serum hCG: \_\_\_\_\_ mIU/ml  
 Lab Test Results:  Positive  Negative  
 Prescriber Diagnosis:  Pregnant  Not Pregnant

Date \_\_\_\_\_

#### Confirmation Information

- 2 acceptable forms of contraception used simultaneously for 30 days prior to pregnancy test  
Contraception form 1 \_\_\_\_\_  
Contraception form 2 \_\_\_\_\_
- Serum or urine pregnancy test ordered through a CLIA-certified laboratory
- I have counseled this patient on the following:
  - Requirement to use 2 forms of birth control every time she has intercourse
  - Drug should not be shared with anyone

- Blood should not be donated while taking isotretinoin
- Patient program adherence

- I have confirmed with the iPLEDGE system that I have counseled the patient
- I have prescribed (maximum) 30-day supply of isotretinoin

#### Pregnancy Test Results

Specimen Collection Date: \_\_\_\_\_  
 Pregnancy Test Type:  Serum  Urine  
 Serum hCG: \_\_\_\_\_ mIU/ml  
 Lab Test Results:  Positive  Negative  
 Prescriber Diagnosis:  Pregnant  Not Pregnant

Date \_\_\_\_\_

#### Confirmation Information

- 2 acceptable forms of contraception used simultaneously for 30 days prior to pregnancy test  
Contraception form 1 \_\_\_\_\_  
Contraception form 2 \_\_\_\_\_
- Serum or urine pregnancy test ordered through a CLIA-certified laboratory
- I have counseled this patient on the following:
  - Requirement to use 2 forms of birth control every time she has intercourse
  - Drug should not be shared with anyone

- Blood should not be donated while taking isotretinoin
- Patient program adherence

- I have confirmed with the iPLEDGE system that I have counseled the patient
- I have prescribed (maximum) 30-day supply of isotretinoin

#### Pregnancy Test Results

Specimen Collection Date: \_\_\_\_\_  
 Pregnancy Test Type:  Serum  Urine  
 Serum hCG: \_\_\_\_\_ mIU/ml  
 Lab Test Results:  Positive  Negative  
 Prescriber Diagnosis:  Pregnant  Not Pregnant

Date \_\_\_\_\_

### After The Last Dose

#### Confirmation Information

- Serum or urine pregnancy test ordered through a CLIA-certified laboratory
- I have counseled this patient on the following:
  - Requirement to use 2 forms of birth control every time she has intercourse for at least 30 days
  - Any remaining drug should not be shared with anyone
  - Blood should not be donated for at least 30 days

#### Pregnancy Test Results

Specimen Collection Date: \_\_\_\_\_  
 Pregnancy Test Type:  Serum  Urine  
 Serum hCG: \_\_\_\_\_ mIU/ml  
 Lab Test Results:  Positive  Negative  
 Prescriber Diagnosis:  Pregnant  Not Pregnant

### 30-day Follow-up

- Final serum or urine pregnancy test ordered through a CLIA-certified laboratory

#### Pregnancy Test Results

Specimen Collection Date: \_\_\_\_\_  
 Pregnancy Test Type:  Serum  Urine  
 Serum hCG: \_\_\_\_\_ mIU/ml  
 Lab Test Results:  Positive  Negative  
 Prescriber Diagnosis:  Pregnant  Not Pregnant

MONTHLY

FINAL