



PRESCRIBING CHECKLIST: FIRST OFFICE VISIT

For Male Patients And Female Patients Who Cannot Get Pregnant

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 obtained the signed HIPAA 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:

- Drug should not be shared with anyone
- Blood should not be donated while taking isotretinoin
- Patient program requirements

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

Date _____

FIRST VISIT

USE REVERSE SIDE FOR MONTHLY VISITS

PRESCRIBING CHECKLIST: MONTHLY VISITS

For Male Patients And Female Patients Who Cannot Get Pregnant

Patient name _____ ID# _____

➤ Monthly Visits

Date _____

Confirmation Information

- I have counseled this patient on the following:
 - 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

Date _____

Confirmation Information

- I have counseled this patient on the following:
 - 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

Date _____

Confirmation Information

- I have counseled this patient on the following:
 - 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

Date _____

Confirmation Information

- I have counseled this patient on the following:
 - 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

Date _____

Confirmation Information

- I have counseled this patient on the following:
 - 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

Date _____

Confirmation Information

- I have counseled this patient on the following:
 - 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

➤ Last Month Of Therapy

Date _____

Confirmation Information

- I have counseled this patient on the following:
 - Drug should not be shared with anyone, even any drug remaining after therapy
 - Blood should not be donated while taking isotretinoin and for at least 30 days after the last dose
 - 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

MONTHLY

FINAL