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Patient consent form for isotretinoin

Patient's name: _____

Female patients

I understand

- 1) Isotretinoin may cause serious birth defects and that should not take isotretinoin if I am pregnant or breastfeeding.
- 2) If I am sexually active, I should use two forms of appropriate contraception (e.g. oral contraceptive pill and condoms)
-for at least one month before taking isotretinoin,
-while I am taking isotretinoin
-six months after stopping treatment
- 3) I must tell my doctor immediately and stop taking isotretinoin if I become pregnant or believe I might be pregnant.
- 4) Serious mood disturbance (depression) can be provoked by isotretinoin and I must contact my doctor and stop taking isotretinoin if I experience depression, become withdrawn, have thoughts of self harm or am feeling sad, anxious, worthless or hopeless.
- 5) I should not donate blood during isotretinoin treatment or for at least one month after treatment.

Male patients

I understand

- 1) Serious mood disturbance (depression) can be provoked by isotretinoin and I must contact my doctor and stop taking isotretinoin if I experience depression, become withdrawn, have thoughts of self harm or am feeling sad, anxious, worthless or hopeless.
- 2) I should not donate blood during isotretinoin treatment or for at least one month after treatment.

Patient: _____

I understand the above information about the effects of isotretinoin.

Date: _____

Patient or guardian:

I understand the above information about the effects of isotretinoin.

Date: _____