

# Making an Informed Choice about Isotane®

Before starting Isotane acne treatment, please ensure that you read and understand each line. If you do not understand any of the information, ask your health professional to explain it to you thoroughly before continuing. It is important you understand all of the criteria on this form.

## Female patients

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- I understand that I must not be pregnant in order to start this medicine.
- I understand that I must not become pregnant while being treated with Isotane.
- I understand that I must not become pregnant within **one month** of stopping Isotane treatment.
- I understand the risks associated with becoming pregnant whilst taking Isotane as explained by my doctor.
- I am aware that serious harm may be caused to my unborn baby should it be exposed to Isotane during pregnancy.
- As a precaution I agree to undergo a pregnancy test if necessary and have my doctor confirm that I am not pregnant immediately before starting Isotane treatment.
- I am aware that methods to avoid pregnancy are absolutely essential whilst I am taking Isotane.
- The safest option is oral contraception plus a barrier method of contraception.
- If there is any risk that pregnancy may have occurred, I agree to consult my doctor to discuss the need for emergency contraception.
- I agree to avoid the possibility of pregnancy for **one month before** starting Isotane.
- I agree to avoid the possibility of pregnancy **during the whole period** of Isotane treatment.
- I agree to avoid the possibility of pregnancy for **one month after** stopping Isotane.
- Should I become pregnant, I agree to inform my doctor immediately.

## All patients

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- I understand that I must not give Isotane to any other person.
- I understand that, while Isotane may help my skin, it may cause a number of side effects that have been explained to me.
- I understand that this medicine may give rise to mood changes. I agree to inform my doctor immediately if I start to feel unhappy or depressed while taking Isotane.
- I confirm that I have been fully informed of the above by my doctor.

Doctor: .....

Patient Name: .....

Patient (or guardian)  
signature: .....

Patient's  
Date of Birth: ...../...../.....

Today's Date: ...../...../.....