



Scott Beals D.O., P.A.
4566 Hwy. 20 East, Ste. 101
Niceville, FL 32578

Oral Isotretinoin Checklist (Accutane, Sotret, Amnesteem)

You have been prescribed or are considering Oral Isotretinoin Treatment. The medicine is also known as Accutane, Sotret and Amnesteem. Use of this medication will involve lab work and follow-up by your provider and our nursing staff for at least a 20-week period. Please read and ensure the following steps are done to ensure all the necessary care for your Oral Isotretinoin course is completed.

BEFORE YOU LEAVE YOUR APPOINTMENT TODAY YOU SHOULD HAVE:

For all patients:

_____ Obtain the Brochure and/or Information sheet on the medication

_____ Read and sign Consent Form(s).

_____ Obtain a Follow-up Appointment in 4 weeks (3-5 days before your last pill).

_____ Obtain a Lab Slip for blood work

- The first lab test is a base-line blood test. Ideally it is an 8-hour fasting lab that should be obtained this week. However, if it is difficult for you to come back, you can get the test done today, not fasting. The follow-up labs should be done 2-3 days before your follow-up appointment.
- **Women must also get a second test done (see below)***
- After you have had the blood test (and additional urine pregnancy test for women*) call us the next day at 850-897-7546. They will then process your medication prescription.
- If all the lab work is normal, you can pick up your prescription or it can be called in to the appropriate pharmacy and you can begin the medication.

For female patients*:

Women must also get a second test, a urine pregnancy test, to confirm negative pregnancy. This test is done after your blood work. The urine pregnancy test is done during the first 5 days of your menses. Obtain your lab order before you leave.

IMPORTANT NOTE: We can only fill Isotretinoin (Accutane) prescription if it has been less than 1 week since your pregnancy test. So, call us as soon as you have done the pregnancy test at (850) 897-7546.

BEFORE YOUR FIRST FOLLOW-UP APPOINTMENT:

_____ Note on your calendar the first day you started your oral Isotretinoin. We will use this date

to calculate your target date for completion of therapy.

_____ Have your blood work checked 2-3 days before your scheduled follow-up appointment.

Phone: (850) 897-7546

Fax: (850) 897-7547



DERMATOLOGY
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I, _____ understand the following list of risks for taking Isotretinoin and still strongly desire to pursue treatment.

- _____ **Body as a whole:** allergic reactions, including vasculitis, systemic hypersensitivity, lymphadenopathy, weight loss edema, fatigue,
- _____ **Cardiovascular:** palpitation, tachycardia, vascular thrombotic disease, stroke
- _____ **Endocrine/Metabolic:** hypertriglyceridemia, alterations in blood sugar level
- _____ **Gastrointestinal:** Inflammatory bowel disease, hepatitis, pancreatitis, bleeding and inflammation of the gums, colitis, ileitis, nausea, other nonspecific gastrointestinal symptoms
- _____ **Hematologic:** allergic reactions, anemia, thrombocytopenia, neutropenia, agranulocytosis
- _____ **Musculoskeletal:** skeletal hyperostosis, calcification of tendons and ligaments, premature epiphyseal closure, mild to moderate musculoskeletal symptoms including arthralgia, transient pain in the chest, elevations of CPK, arthritis, tendonitis, other types of bone abnormalities
- _____ **Neurological:** pseudotumor cerebri, dizziness, drowsiness, headache, insomnia, lethargy, malaise, nervousness, paresthesias, seizures, stroke, syncope, weakness
- _____ **Psychiatric:** suicidal ideation, suicide attempts, suicide, depression, psychosis, emotional instability
- _____ **Reproductive System:** abnormal menses, birth defects
- _____ **Respiratory:** bronchospasms (with or without history of asthma), respiratory infection, voice alteration
- _____ **Skin and Appendages:** acne fulminans, alopecia (hair loss), bruising, cheilitis (dry lips), dry mouth, dry nose, dry skin, epistaxis, eruptive xanthomas, flushing, fragility of skin, hair abnormalities, hirsutism, hyperpigmentation and hypopigmentation, infections (including disseminated herpes simplex), nail dystrophy, paronychia, peeling of palms and soles, photoallergic/photosensitizing reactions, pruritus, pyogenic granuloma, rash (including facial erythema, seborrhea, and eczema), sunburn susceptibility increased, sweating, urticaria, vasculitis (including Wegener's granulomatosis, abnormal wound healing
- _____ **Special Senses:** hearing impairment, corneal opacities, decreased night vision, cataracts, color vision disorder, conjunctivitis, dry eyes, eyelid inflammation, keratitis, optic neuritis, photophobia, visual disturbances
- _____ **Urinary System:** glomerulonephritis, nonspecific urogenital findings, elevation of plasma triglycerides, decrease in serum high-density lipoprotein levels, elevations of serum cholesterol during treatment, increased alkaline phosphatase, SGOT, SGPT, GGTP or LDH, elevation of fasting blood sugar, elevations of CPK, hyperuricemia, decreases in RBC parameters, decreases in white blood cell counts, elevated sedimentation rates, elevated platelet counts, thrombocytopenia

Printed Name

Signature

Date

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