



Accutane (isotretinoin) history for Harvard University Health Services – Dermatology

To provide a seamless transfer of care, we need the information on this checklist provided prior to your appointment.

Please fax this form back to us using a cover sheet for privacy, then call us to confirm it was received.

Our fax number is: 617-495-1084, and the front desk telephone is 617-495-2034

Patient name _____

Harvard University ID number _____

Date of birth _____

Contact phone number _____

☐ Attached copy of your original **Consent form** - If your treatment required clearance from another specialist, please provide their letter(s).

☐ For females: Attached copy of the confirmation of **Contraceptive Counseling form**, which was signed as a separate consent form when registered.

☐ **iPledge number** _____

☐ **Prior isotretinoin prescriber name** _____ **Office** phone ()____-____ fax ()____-____

☐ **Date Accutane was started** _____

☐ **Weight** ____ lb *or* ____ kg

☐ **Month by month dose**

☐ Month 1 dose: _____ mg/day ☐ labs enclosed

☐ Month 2 dose: _____ mg/day ☐ labs enclosed

☐ Month 3 dose: _____ mg/day ☐ labs enclosed

☐ Month 4 dose: _____ mg/day ☐ labs enclosed

☐ Month 5 dose: _____ mg/day ☐ labs enclosed

☐ Month 6 dose: _____ mg/day ☐ labs enclosed

☐ iPledge website (www.ipledgeprogram.com): Request change of provider to your current Dermatology provider at Harvard University Health Services

-The iPledge user name is your iPledge number

-The password was mailed to you at registration to iPledge

-Call iPledge if needed 1-866-495-0654