



**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](http://www.ipledgeprogram.com)): Request change of provider to Virginia Grassa, NP 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