| Doctor's name: | Appointment table                         | Date of appointment | Contraception used | Pregnancy test result | Doctor's Signature | Roche            |
|----------------|---|---------------------|--------------------|-----------------------|--------------------|------------------|
|                | Appointment table                         |                     |                    | Positive Negative     |                    |                  |
|                | Please use this table to record the dates |                     |                    | Date:                 |                    | Patient Reminder |
|                | of your appointments with your doctor:    |                     |                    | Positive Negative     |                    | Card for         |
|                |   |                     |                    | Date:                 |                    |                  |
|                |   |                     |                    | Positive Negative     |                    | ourd for         |
| elephone:      |   |                     |                    | Date:                 |                    | Roaccutane®      |
| priorie.       |   |                     |                    | Positive Negative     |                    | noaccutanc       |
|                |   |                     |                    | Date:                 |                    |                  |
|                |   |                     |                    | Positive Negative     |                    |                  |
|                |   |                     |                    | Date:                 |                    |                  |
|                |   |                     |                    | Positive Negative     |                    |                  |
| otes:          |   |                     |                    | Date:                 |                    |                  |
|                |   |                     |                    | Positive Negative     |                    |                  |
|                |   |                     |                    | Date:                 |                    |                  |
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|                |   |                     |                    | Date:                 |                    |                  |
|                |   |                     |                    | Positive Negative     |                    | Roaccutane       |
|                |   |                     |                    | Date:                 |                    | Isotretinoin     |
| 2018   v3      |   |                     |                    |                       |                    |                  |
|                |   |                     |                    |                       |                    |                  |

## Roaccutane<sup>®</sup> must not be taken during pregnancy.

Roaccutane<sup>®</sup> can seriously harm an unborn baby if a pregnant woman takes it.

If you become pregnant or think you might be pregnant, stop taking Roaccutane<sup>®</sup> immediately and contact your doctor

Read the package leaflet carefully before you start treatment.

If you have any questions or concerns about taking Roaccutane®, talk to your doctor or pharmacist.

# What you have to do if you could become

#### pregnant:

- You must use at least 1 highly effective method of contraception (such as an intra-uterine device or an implant) or correctly use
  2 effective methods of birth control that work in different ways (such as an oral contraceptive together with a condom) before, during and for
  1 month after stopping treatment.
- 9 You must not become pregnant while taking Roaccutane<sup>®</sup>, or for 1 month after stopping treatment.
- You must attend regular follow-up visits and have regular pregnancy testing:
- Before you start treatment, you will have to have a pregnancy test, which must be negative.
- To make sure you are not pregnant during treatment, you should have regular pregnancy tests, ideally every month. You should also have a final pregnancy test 1 month after stopping treatment

### Reminder for men

#### and women

This medication has been prescribed to you only, **do not share it with anybody and return any unused capsules back to the pharmacy.** 

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| Patient Reminder |  |  |  |  |  |
|------------------|--|--|--|--|--|
| Card             |  |  |  |  |  |
| Doctor's name:   |  |  |  |  |  |
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