

Pregnancy Prevention Program

MINT-ACITRETIN (acitretin) 10 mg and 25 mg Capsules

PERSONAL RECORD

NAME: _____

You MUST have 2 negative pregnancy tests performed by your doctor that show you are NOT pregnant before starting therapy with MINT-ACITRETIN.

The first test will be at the time that you and your doctor decide that MINT-ACITRETIN might be right for you.

1	TEST DATE _____	TEST RESULT _____
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The second test will usually be done during the first 5 days of your menstrual period. If the second pregnancy test is negative, initiation of treatment with MINT-ACITRETIN should begin within 7 days of the specimen collection. MINT-ACITRETIN should be limited to a monthly supply.

1	START OF MENSTRUAL PERIOD _____	
	TEST DATE _____	TEST RESULT _____

DATE THERAPY WITH MINT-ACITRETIN BEGAN _____	
FOLLOW-UP APPOINTMENTS	
DATE _____	TIME _____
DATE _____	TIME _____
DATE _____	TIME _____
DATE _____	TIME _____
DATE _____	TIME _____
DATE _____	TIME _____
DATE _____	TIME _____
DATE _____	TIME _____
DATE _____	TIME _____
DATE _____	TIME _____
DATE _____	TIME _____
DATE _____	TIME _____

DATE THERAPY WITH MINT-ACITRETIN BEGAN _____	
DATE _____	TIME _____
DATE _____	TIME _____
DATE _____	TIME _____
DATE _____	TIME _____
DATE _____	TIME _____
DATE _____	TIME _____
DATE _____	TIME _____
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DATE _____	TIME _____
DATE _____	TIME _____



Confidential Birth Control Counselling
Telephone Hotline: 1-877-398-9696

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NOTES / PERSONAL CONTACT INFORMATION

	PHYSICIAN NAME:
	PHYSICIAN PHONE:
	PHARMACY NAME:
	PHARMACY PHONE:
	OTHER:
	OTHER:



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