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Guide to Best Practices for Isotretinoin

I have read and understand The iPLEDGE Program, Guide to Best Practices for Isotretinoin, in fulfilling the requirements for Isotretinoin Pregnancy Prevention Risk Management and agree to abide by the rules pertaining to dispensing of Isotretinoin.

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Name: _____

Date: _____

Signature: _____

*All Fields are Required

Please Print and Fax or Mail

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