

**PATIENT iPLEDGE CHECKLIST
FEMALES**

Patient name _____

First Visit

Date: _____

- ☐ Review consents carefully and sign consent forms
- ☐ 2 forms of BC started 1 month prior to isotretinoin start
 - ☐ 1st form
 - ☐ 2nd form

7-10 Days After First Visit

Date: _____

- ☐ Password received in the mail
- ☐ Log onto the iPledge system by phone or web
- ☐ Change your password
- ☐ New password: _____
- ☐ Set date of personal significance. (This is used in case you forget your password.)
- ☐ Date of significance: _____

Follow Up Visit(s)

Date: _____ (must be at least 30 days from registration/last visit)

- ☐ Have labs drawn day of appointment
- ☐ Answer contraception questions on iPledge, after your visit
- ☐ Schedule f/u appointment at least 30 days from today
- ☐ our Rx will be given to you or faxed/phoned into your pharmacy

Date: _____ (must be within 7 days of appointment)

- ☐ We will call with pregnancy results and authorizing you to fill Rx
- ☐ Take username card to **REGISTERED** pharmacy and fill Rx

Numbers

iPledge: 1-866-495-0654

Summit Dermatology: 719-667-0888 ext. 4