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Accutane Questionnaire

1. How do you want iPledge to contact you with your password? Mail or Email  
Email address: \_\_\_\_\_
2. Which pharmacy would you like your prescription sent to each month? \_\_\_\_\_
3. If sexually active, what forms of birth control do you choose? See section II, page 6 in iPledge manual. If you have committed to abstinence until at least 1 month after completing isotretinoin you may write "abstinence and none."  
A \_\_\_\_\_  
B \_\_\_\_\_
4. What are the last 4 digits of your Social Security Number \_\_\_\_\_
5. Blood work needs to be fasting for at least the first month. No food or drink at least 6 hours prior to blood draw. Water or black coffee is okay.
6. Your prescription needs to be filled within 7 days after being confirmed. Your prescription will be sent electronically to your pharmacy and you will be notified via e-mail. **If your prescription is not filled within 7 days the medication will be withheld by the pharmacy and the process will be delayed.**
7. If you lose or do not receive your password by mail or e-mail, you will have to call the iPledge call center to obtain a temporary password. **They will not give it to the provider office.**

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