

# Informed Consent for Treatment with Tigason Capsule

(Dispense with each prescription.)

Medical Record No. \_\_\_\_\_

Name: \_\_\_\_\_

Tigason Capsule is a medication that is used to treat your illness.

This medication can cause birth defects and the side effects listed below. Please read the statements below and check the box next to each statement to indicate that you understand and agree.

## Birth Control

Tigason Capsule has been reported to harm the unborn babies of women receiving treatment and has been shown to cause birth defects in animal studies. Abnormal sperm production has also been seen in animal studies. Because of these effects, birth control is mandatory.

If you are a woman :

Did your doctor confirm that you were not pregnant before prescribing this medication?

You must use **birth control** while you are taking this medication and **for at least 2 years** after you stop taking this medication.

If you are a man :

You must use **birth control** while you are taking this medication and **for at least 6 months** after you stop taking this medication.

Tell your doctor right away if you or your partner may have become pregnant while using birth control

## Side Effects

The most common side effects that you may experience are listed below.

- |  |  |
|--|--|
| <b>Skin and mucous membranes</b>           | ▶ <b>Peeling, thinning skin. Dry, chapped lips, hair loss</b>                                  |
| <b>Liver damage</b>                        | ▶ <b>Listlessness, loss of appetite, yellowing of the whites of your eyes or skin, nausea,</b> |
| <b>Excessive bone growth or thickening</b> | ▶ <b>Joint pain, bone pain, limited range of motion</b>  |
| <b>Increased pressure inside the skull</b> | ▶ <b>Vomiting, headache, blurred vision</b>  |

Tell your doctor right away if you develop the symptoms listed above or any other concerning symptoms. See your doctor regularly to make sure that you are not experiencing any side effects.

## Other Precautions

This medication may cause birth defects and has many side effects. Therefore, you **must not give blood** while you are taking this medication and **for at least 2 years** after you stop taking this medication.

You must avoid supplements that contain Vitamin A.

**I understand and agree to comply with the requirements explained above.**

Date of consent : \_\_\_\_\_

Name of patient or legal representative : \_\_\_\_\_

Address of legal representative : \_\_\_\_\_

(Relationship : \_\_\_\_\_)

Name of prescribing physician : \_\_\_\_\_

The information contained in this consent form will not be used for any purpose other than as a "record of your acknowledgement and awareness of these precautions."