

PATIENT AGREEMENT/INFORMED CONSENT
FOR FEMALE PATIENTS TAKING ARTHROTEC (Misoprostol/Diclofenac)
Patients & their parents' or guardians' (where applicable*) are to complete this form.

Patient's ID#: _____

Patient's name (First & Last): _____

Patient's Address: _____

Patient's birthdate: ___/___/___ (Month/Day/Year)

Parent or Legal Guardian Name: _____

Read each item below and initial in the space provided to show that you understand each item. ****These must also be initialed by the parent or guardian of a minor patient (under age 18).***

Arthrotec (Misoprostol/Diclofenac) should not be used in women of childbearing potential unless they are at high risk of complications from NSAID-induced gastric ulcers. Upon medical evaluation by a licensed prescriber, Arthrotec (Misoprostol/Diclofenac) may be prescribed to a female patient of childbearing potential if:

- she has a negative serum pregnancy test within 2 weeks prior to beginning therapy
- she is capable of complying with effective contraceptive measures
- she has received both oral and written warnings of the hazards of Arthrotec (Misoprostol/Diclofenac), the risk of possible contraception failure, and the danger to other women of childbearing potential should the drug be taken by mistake
- she will begin Arthrotec (Misoprostol/Diclofenac) only on the second or third day of the next normal menstrual period

Do not sign this consent and do not take ARTHROTEC (generic name, Misoprostol/Diclofenac) if there is anything that you do not understand.

- I understand Arthrotec (Misoprostol/Diclofenac) may cause abortion (sometimes incomplete), premature labor, or birth defects if I am pregnant.

Initials: _____

- I have discussed with my prescriber that if I am sexually active, I will use appropriate & effective contraception method (eg. Oral contraceptive pill or condoms) while taking Arthrotec (Misoprostol/Diclofenac).

Initials: _____

- I understand that I must inform my doctor immediately and stop taking Arthrotec (Misoprostol/Diclofenac), if I become pregnant, or believe I might be pregnant.

Initials: _____

- I understand that Arthrotec (Misoprostol/Diclofenac) is prescribed to reduce the risk of NSAID (nonsteroidal anti-inflammatory drugs, including aspirin)-induced gastric ulcers; and that this may not be the correct treatment for another person, therefore I will not give Arthrotec (Misoprostol/Diclofenac) to anyone else.

Initials: _____