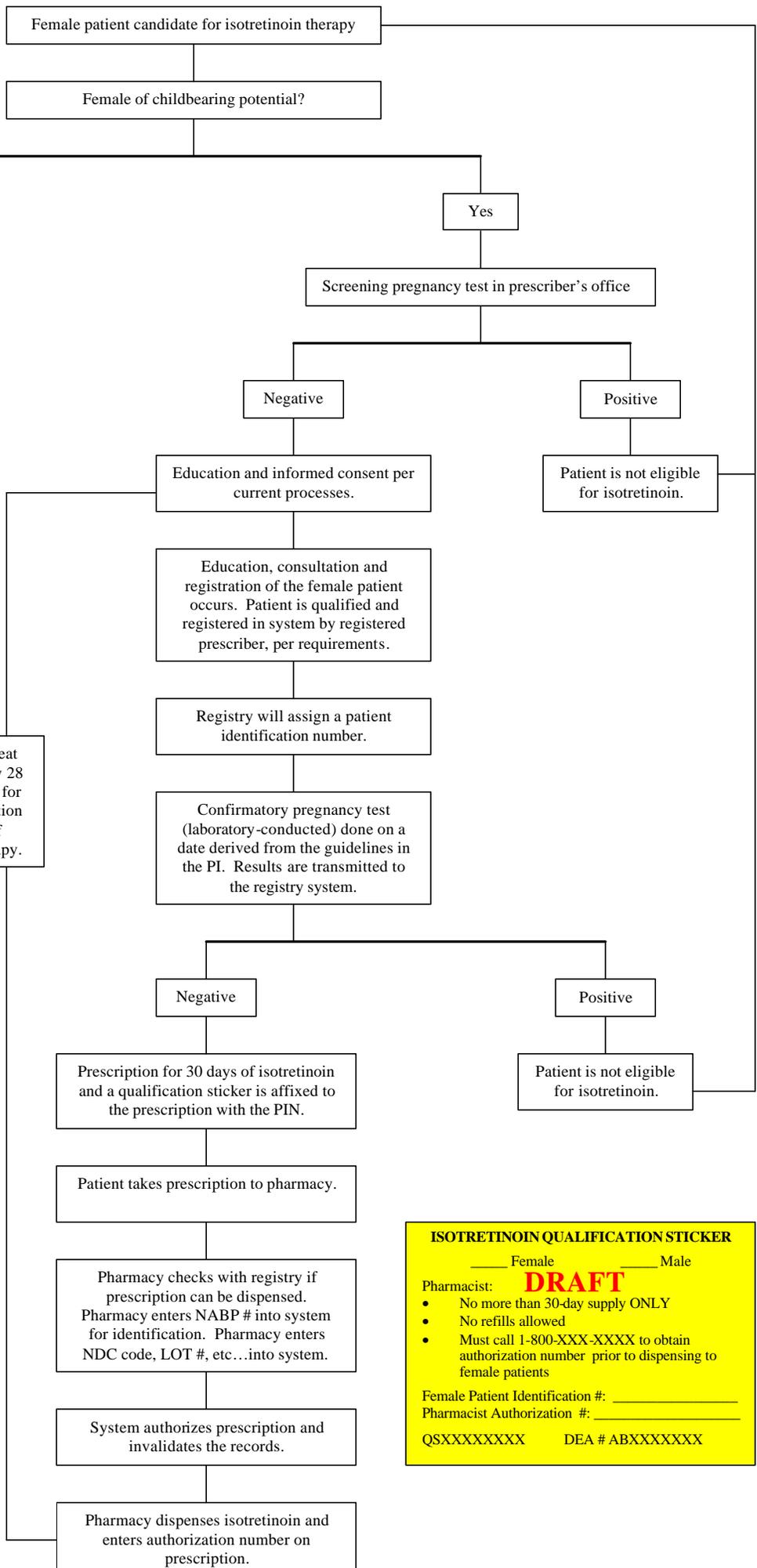


**Attachment 2:
Mandatory Physician & All
Female Patient Isotretinoin
Registry**



ISOTRETINOIN QUALIFICATION STICKER

_____ Female _____ Male

Pharmacist: **DRAFT**

- No more than 30-day supply ONLY
- No refills allowed
- Must call 1-800-XXX-XXXX to obtain authorization number prior to dispensing to female patients

Female Patient Identification #: _____
 Pharmacist Authorization #: _____

QSXXXXXXXXX DEA # ABXXXXXXXXX