ROACCUTANE DIARY

NAME: AGE:

FILE NO: WEIGHT:

DATE: DOSE:

MONTH :

Dr N Raboobee
Dermatologist

Please fill in:
Month
1 tick for each Roaccutane - R
1 cross for each Prednisone - P

Kindly note any side effects and date on reverse side of diary

Please regard numbers on left hand column as dates and record on the day you start.

Indicate the start of each new box of 60 capsules with a * eg. *20

	R	P		R	P		R	P		R	P		R	P		R	P		R	P
1			1			1			1			1			1			1			1		
2			2			2			2			2			2			2			2		
3			3			3			3			3			3			3			3		
4			4			4			4			4			4			4			4		
5			5			5			5			5			5			5			5		
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31			31			31			31			31			31			31			31		

DATE:

DOCTOR'S SIGNATURE: