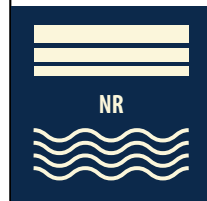


ROACCUTANE DIARY



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

		NAME:				AGE:			
		FILE NO:				WEIGHT:			
		DATE:				DOSE:			
MONTH :									
		R	P	R	P	R	P	R	P
1				1		1		1	
2				2		2		2	
3				3		3		3	
4				4		4		4	
5				5		5		5	
6				6		6		6	
7				7		7		7	
8				8		8		8	
9				9		9		9	
10				10		10		10	
11				11		11		11	
12				12		12		12	
13				13		13		13	
14				14		14		14	
15				15		15		15	
16				16		16		16	
17				17		17		17	
18				18		18		18	
19				19		19		19	
20				20		20		20	
21				21		21		21	
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25				25		25		25	
26				26		26		26	
27				27		27		27	
28				28		28		28	
29				29		29		29	
30				30		30		30	
31				31		31		31	
DATE:									
DOCTOR'S SIGNATURE:									