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Lamictal Consent Form and usage instruction form

I _____ understand that I have been offered and accept the medication “Lamictal” for the use of:

I have been told that this medication can be very useful in the treatment of the above disorder but that it comes with certain inherent risks. Lamictal can, in rare cases, cause a life-threatening disorder called “stevens johnson disorder” In this reaction patients may get skin lesions that may look like simple pimples or splotches or blisters. You have been told that you must call our office at any time to report any skin lesions at all and especially if they appear around the time of a dose increase or decrease. You must also be particularly aware of any skin symptoms in mucous membranes like the eyes, mouth, rectal/vaginal area as the reaction will often occur in these places.

You must also understand the extreme importance of taking the medication EXACTLY as prescribed. Never more, never less. You will be told and will be given instructions on how to ramp up or down this medication and if you do not receive this you must call and ask. If you miss a dose do NOT take double the dose the next day. Simply continue taking your usual prescribed dose. If at any time you are confused about your dose or any instruction at all you are to call us immediately, day or night. If you are prescribed any other medication by us or another provider you must let us know what other medication you have been give before you start it. This is to ensure that there are no interactions.

I HAVE RECEIVED A COPY OF THIS FORM AND HAVE READ EVERY WORD

Patient

date