

Informed Consent for Off-label Use

Patient Name: _____

Date of Birth: _____

Medication(s): topiramate _____

Reason for Medication: Treatment of Obesity _____

Please check the information below as it pertains to the information you received today.

An information sheet was provided: (Yes/No/Declined)

- I understand that all medication may produce side effects, and that some side effects may be serious or permanent. I understand the importance of reporting side effects or unusual reactions to my prescriber. I have read and understood the written material explaining the medication I will be taking.
- I have had an opportunity to ask questions and have received full and complete answers.
- I understand that medications like these have been used successfully in the treatment of conditions similar to mine but that no guarantee can be made that the medication will be equally effective for me.
- I understand that using topiramate in this manner is off label – it is a dose very similar to that used in Qsymia (a trade name medication) and should be taken with Lomaria in an attempt to provide the same results as those obtained with the trade medication but for a much-reduced price as my insurance did not cover the cost of the trade name medication. I am signing that I do wish to take this medication off label in this manner.
- I understand that I may decide to stop taking this medication or make changes in medication if I choose, however I should notify my Nurse Practitioner as I may need to titrate the medication to stop it.

Patient Signature: _____

Date: _____