Aldara (imiquimod) Consent Form

Patient Name _____SS#_____Date_____

Aldara (imiquimod) Cream is a topically applied medicine that is believed to work by enhancing your skins natural immunity. It does this by stimulating the skin to produce interferon, a chemical that is normally produced by your body and which is involved in immune responses.

Initials

_____1. Aldara Cream is approved by the U.S. Food and Drug Administration (FDA) for the treatment of certain types of warts and for actinic keratosis, a type of sun damage that is a precursor to invasive skin cancer.

_____2. Aldara Cream is approved by the FDA for the treatment of certain types of skin cancer at this time. The treatment of other types of skin cancers with Aldara Cream is considered "off-label". Such "off-label" uses of medicines is common practice for a wide variety of medications.

_____3. The studies done to date have shown Aldara to be promising in many conditions including the treatment of skin cancers. There are still studies that are either going on or have to be done to determine the best method using Aldara Cream to treat skin cancers.

_____4. I understand that no guarantees have been made to me regarding the treatment results of my skin cancer using Aldara Cream. I understand that no treatment of skin cancer is 100% effective, and there is always a chance that the cancer may come back after an apparent "cure" or not respond at all to treatment.

I have read the above 4 statements and have been given an opportunity to ask any questions and have had them answered to my satisfaction. I have also been informed of the consequences of no treatment and the common skin cancer treatment alternatives including surgery (including Mohs surgery), destruction by electrodessication and curettage, cryotherapy (freezing), radiation therapy and less common treatment alternatives including injection of interferon and topical 5-fluorouracil.

I hereby consent and request to be treated with Aldara Cream.

Patient Signature_____Date_____

Physicians Name/Signature_____Date_____

Witness Name/Signature_____Date_____