

AVANDIA Patient Informed Consent

My doctor has recommended AVANDIA to treat my diabetes.

Please read this Patient Informed Consent (“Consent”) and the individual Consumer Information for AVANDIA and discuss any questions or concerns with your doctor before you sign this Consent.

Do not sign this Consent and do not take AVANDIA if there is anything you do not understand about the information you have received.

I am aware that:

- AVANDIA is a medicine used with diet and exercise to lower blood sugar in adults with type 2 diabetes when all other diabetes medicines have not lowered blood sugar enough or cannot be used.
- Rosiglitazone, the active ingredient in AVANDIA, may increase the risk of serious heart problems, including:
 - heart failure
 - angina (chest pain)
 - heart attack (myocardial infarction)
 - fluid retention (with or without rapid weight gain)
- AVANDIA should not be used if I have or have had heart problems.
- There are other options to treat my diabetes, as explained to me by my doctor.
- There are other risks associated with AVANDIA that are outlined in the Consumer Information for AVANDIA and I have been given the opportunity to ask and discuss any questions or concerns about those risks with my doctor.
- I understand that in order to be prescribed AVANDIA, I am required to sign this Consent.

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My doctor has explained the above to me. I have been given time to read this Consent and the Consumer Information for AVANDIA carefully, and time to discuss it with my doctor. I now authorize my doctor to continue/begin my treatment with AVANDIA.

Patient or Legally Appointed Guardian signature lines are below. AVANDIA is not recommended for use in people under the age of 18.

Patient (and Legally Appointed Guardian if applicable) Name(s)

Please Print: _____

Patient / Legally Appointed Guardian Signature:

Date _____

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