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NOTICE ABOUT THE OFF-LABEL PRESCRIPTION AND USE OF IVERMECTIN INFORMED CONSENT

Ivermectin is not currently authorized or approved by the Food and Drug Administration for the prevention or treatment of COVID-19 in humans or animals. Ivermectin is only approved for limited human use to treat infections caused by some parasitic worms and head lice and skin conditions like rosacea. Please refer to the below link (or notify us that you need this information in written form and we will furnish it to you prior to you making this decision to agree):

<https://www.fda.gov/consumers/consumer-updates/why-you-should-not-use-ivermectin-treat-or-prevent-covid-19>

Adverse effects associated with ivermectin misuse are already increasing as shown by a rise in calls to poison control centers reporting overdoses and adverse effect. Ivermectin even at doses approved for human use can interact with other medications like blood-thinners, or cause overdoses that result in death. The National Institutes of Health has determined that there is insufficient data to recommend ivermectin for treatment of COVID-19.

Currently the most effective way to prevent COVID-19 is by getting a COVID-19 vaccination and following the Centers for Disease Control and Prevention guidance for treatment, which does not endorse the use of ivermectin.

Although the side effects of ivermectin are mild, very infrequent and all are temporary. These effects are due to the toxic substances released after the vermicidal action. These effects revert after stopping the drug. Likewise, the following hypersensitivity reactions could occur, which are pruritus, conjunctivitis, arthralgia, myalgia (includes abdominal myalgia), fever, edema, nausea, vomiting, diarrhea, lymphadenopathy, orthostatic hypotension, tachycardia, asthenia, rash and headaches.

Ophthalmic side effects are rare after treatment, but an abnormal sensation in the eyes, papilledema, anterior uveitis, conjunctivitis, limbitis, keratitis, chorioretinitis or choroiditis, that can occur because of a condition of themselves, can be found occasionally during treatment. They are rarely severe and generally disappear without the help of corticosteroids. Symptoms of drowsiness and non-specific transient ECG changes were reported. Sometimes transient eosinophilia may appear.

Ivermectin is contraindicated in pregnancy and lactation. . Sometimes transient eosinophilia may appear.

There is a possibility that prophylactic treatment with ivermectin may not have a beneficial effect against coronavirus (COVID-19) infection.

INFORMED CONSENT:

Informed Consent documents are used to communicate information about the proposed treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, Informed Consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

I have read and understand the above Informed Consent information for prescription and “off-label” use of ivermectin.

The risks, benefits, and alternatives of the medication was explained to me. I understand the specific risks as discussed in the above consent information and understand the significant risks involved with ivermectin.

I further understand there are alternative and recommended treatments for the prevention and treatment of COVID-19 . I have realistic expectations and realize that there are no guarantees in taking ivermectin. I agree to follow all instructions, to follow up as directed, and to notify my physician if any problems or questions arise.

Patient Name (print): _____

Patient Signature: _____ Date_____