

IMPORTANT RISK MINIMISATION INFORMATION FOR PATIENTS FOR THE PREVENTION OF MULTIPLE PATCH USE

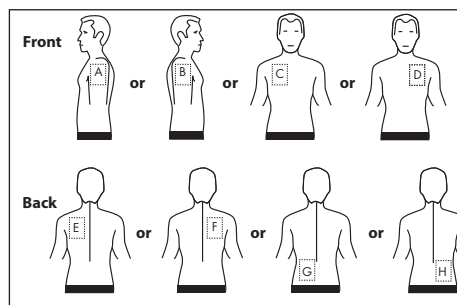
RIVASTIGMINE SANDOZ TRANSDERMAL PATCH MEDICATION RECORD SHEET ^{1,2}

These Instructions for Use and Medication Record Sheets are essential to ensure the safe and effective use of the rivastigmine patches

HOW TO USE THIS RECORD SHEET

- Use this record sheet to keep track of when you apply and take off a rivastigmine transdermal patch.
- Tick the box when you have removed the old patch.
- Fill in the date and the day you apply the new patch.
- Fill in the letter of the application zone where you have applied the new patch.
- If you have any questions or require more information please read the package information leaflet that came with the medicine.
- If you are unsure about anything, please ask your doctor or pharmacist.

APPLICATION ZONES



- Apply **one** new patch in **one** of the zones as illustrated in the diagram every day.
- You can use the same zone (A or B or C or D or E or F or G or H), but do not use the same exact spot within the same zone.

MEDICATION RECORD SHEET EXAMPLE

Week 1

Old patch removed?	Date of application of new patch?	Day of application of new patch?	Application zone of new patch (letter)?
✓	05/01/2015	Monday	A
✓	06/01/2015	Tuesday	B
✓	07/01/2015	Wednesday	C
✓	08/01/2015	Thursday	D
✓	09/01/2015	Friday	E
✓	10/01/2015	Saturday	F
✓	11/01/2015	Sunday	G

RIVASTIGMINE SANDOZ TRANSDERMAL PATCH INSTRUCTIONS FOR USE AND PATIENT DIARY

INSTRUCTIONS FOR USE ^{1,2}

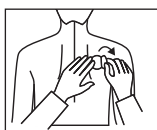
- If you have any questions or require more information, please read the package information leaflet that came with the medicine.
- If you are unsure about anything, please ask your doctor or pharmacist.

IMPORTANT TO REMEMBER

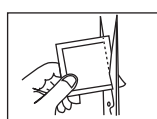
- Take off the previous patch before putting **one** new patch on.
- Only **one** patch per day.
- Do not cut the patch into pieces.
- Press the patch firmly in place for at least 30 seconds using the palm of the hand.

HOW TO APPLY

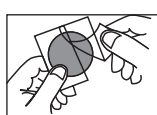
1. Carefully remove the existing patch before putting on **one** new patch.



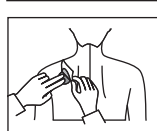
2. Remove the new patch from the sachet.



3. Peel one side of the protective liner off the patch.



4. Stick the patch on the upper or lower back, upper arm, or chest and peel off the protective liner.



5. Press the patch firmly in place for at least 30 seconds.

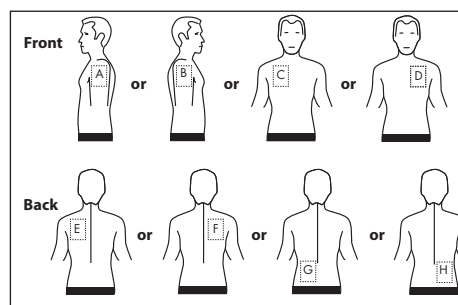


WHERE TO APPLY

Take off the previous patch before putting **one** new patch on.

Apply **one** new patch in **one** of the following zones every day.

You can use the same zone (A or B or C or D or E or F or G or H), but do not use the same exact spot within the same zone.



If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet.

You can also report side effects to:

- Rowex Ltd by phoning 027-500777, fax 027 50417 or email: rowex@rowa-pharma.ie
- HPRA Pharmacovigilance, Earlsfort Terrace, IRL - Dublin 2; Tel: +353 1 676971; Fax: +353 1 6762517. Website: www.hpra.ie; E-mail: medsafety@hpra.ie. By reporting side effects you can help provide more information on the safety of this medicine.

WEEK 1

Old patch removed?	Date of application of new patch?	Date of application of new patch?	Date of application of new patch (letter)?
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
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WEEK 2

Old patch removed?	Date of application of new patch?	Date of application of new patch?	Date of application of new patch (letter)?
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<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
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WEEK 3			
Old patch removed?	Date of application of new patch?	Date of application of new patch?	Date of application of new patch (letter)?
<input type="checkbox"/>			
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<input type="checkbox"/>			
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WEEK 4			
Old patch removed?	Date of application of new patch?	Date of application of new patch?	Date of application of new patch (letter)?
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<input type="checkbox"/>			
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<input type="checkbox"/>			
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WEEK 5			
Old patch removed?	Date of application of new patch?	Date of application of new patch?	Date of application of new patch (letter)?
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
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WEEK 6			
Old patch removed?	Date of application of new patch?	Date of application of new patch?	Date of application of new patch (letter)?
<input type="checkbox"/>			
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WEEK 7			
Old patch removed?	Date of application of new patch?	Date of application of new patch?	Date of application of new patch (letter)?
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WEEK 8			
Old patch removed?	Date of application of new patch?	Date of application of new patch?	Date of application of new patch (letter)?
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<input type="checkbox"/>			
<input type="checkbox"/>			
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WEEK 9			
Old patch removed?	Date of application of new patch?	Date of application of new patch?	Date of application of new patch (letter)?
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			



- References:**
1. Rivastigmine Sandoz Transdermal Patch Patient Leaflet.
 2. Rivastigmine Sandoz Transdermal Patch Prescribing Information.

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