

# Apo-Clozapine Risk Management Program INTERRUPTION

**APO-CLOZAPINE RISK MANAGEMENT PROGRAM**

Phone: **1-877-276-2569**  
Website: [www.apoclozapine.com](http://www.apoclozapine.com)

Please complete and fax to:

**1-866-836-6778**

Patient Initials: \_\_\_\_\_

Patient PIN: \_\_\_\_\_

Please complete the table below in the event that a patient interrupts therapy during the course of treatment with Apo-Clozapine. Please fax the Interruption Report to the Apo-Clozapine Risk Management Program at the start of interruption and again when the interruption stops.

Interruption Start Date / Apo-Clozapine Stop Date:	Interruption Stop Date / Apo-Clozapine re-start date:	Reason for interruption:
_____ /        / DD    MMM    YYYY	<input type="checkbox"/> Ongoing Interruption <hr/> _____ /        / DD    MMM    YYYY	

Initial Report

\_\_\_\_\_

Final Report

Physician Signature

\_\_\_\_\_

DD    MMM    YYYY

Final Report

\_\_\_\_\_

Physician Signature

\_\_\_\_\_

DD    MMM    YYYY