



*We listen...
We'll take our time...
We'll make sure.*

American Dermatology Associates

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Consent for Narrow-Band (NB) UVB Treatment

NB UVB is the administration of light to treat various skin diseases including psoriasis. Previously, many different wavelengths of light (broad band) in the ultraviolet B spectrum were given to treat skin diseases. However, it was found that giving only very limited wavelengths (narrow band) of light was as or more effective as broad band, while offering an apparently better side effect profile in the form of less burning, skin damage, and possibly skin cancer.

You will be required to undergo MED testing before actually undergoing the light treatments. MED stands for Minimal Erythema Dose. The purpose of this testing is to see at what dose of light your skin starts to burn, so that we can start your treatments at the highest dose possible while reducing the risk of burning your skin. To perform the MED's you will enter the booth with a glove around your arm. This glove has little strap "windows" that can be opened or closed. All of your skin will be covered except for the open windows on the glove placed on your arm. You will also be required to wear protective glasses while undergoing the MED testing. While in the booth, the photo therapist will intermittently tell you the close one of the windows on your glove. Do this promptly and in the order that she tells you. Failure to do this could result in an incorrect dose of light being delivered to your skin when you start the actual treatments. This could result in severe burning of your skin. Please make sure you understand the photo therapist's instructions BEFORE entering the booth. _____ **Initial**

You will then come back the next day to have the doctor read the results of the MED testing. He/she will then prescribe a dose of light based on these results.

You will begin treatments at 3 times a week (Monday, Wednesday and Friday). When you arrive at our office, you will be asked to undress and apply plain Vaseline or mineral oil to your skin prior to the treatment. YOU are responsible for bringing this in with you on the treatment days. You must also remove all necklaces, bracelets, and watches before entering the booth.

After undressing, you will next be asked to wear protective clothing in areas where we do not want you to receive the light. This includes the face and the genital areas. Men will be required to wear a "jockstrap" in the light booth; women will be required to wear thong underwear. Women who do not have disease on their breast should wear a dark cotton bra in the booth. You should wear the exact same model of undergarment every dingle time!! Because each dose of light that you receive will be higher than the last, if an area of your skin that was not previously exposed to the light gets exposed to the higher dose of light without time to adjust, you will get a burn!! You may keep your undergarment at our facility, but should take them home from time to time for cleaning. You will also be asked to wear a paper bag over your head and neck and protective eyeglasses during the treatment. This is to protect your face and neck from the light. Again it is important to wear the bag in the same manner as the previous treatment to prevent burning. _____ **Initial**

It is very important that you keep every appointment, especially during the clearing phase (the first 25 treatments). Missing appointments will decrease the effectiveness of the treatment and could end up exposing you to higher doses of light in the long run!

You MUST tell the photo therapist if you start any new medications by mouth, because certain medicines may make you more sensitive to light and more apt to burn. You should also not start any new herbal medications while you are undergoing photo therapy as they may make you more sensitive to light.

_____ **Initial**

You should also apply a broad spectrum sunscreen to the light exposed areas of your body after leaving the booth to prevent further sunburn or sun damage.

_____ **Initial**

I understand the above mentioned instructions, and also understand that other treatments are available for my skin condition including topical, oral, and injectable medications. After considering the risks and benefits of these options, Dr. Belsito and I have decided to pursue NB UVB treatment despite its risks, which include skin cancer, skin damage, freckles, wrinkles and, if I were to remove the protective goggles and look into the lights, severe eye damage including blindness. I also understand that it is important that I follow up monthly while on the light treatment to check for skin cancer, and at least yearly after finishing the therapy to check for skin cancers.

_____ **Initial**

I understand that NB UVB is not a cure for my skin condition, but a treatment that hopefully will cause improvement in my skin problem. I also understand that I may not get any better, and/or possibly worse, with this treatment; successful treatment, either written or implied, is not guaranteed. I agree to undergo NB UVB under the direction of Dr._____. This authorization extends to his/her associates, including other physicians and assistants selected by him/her to carry out NB UVB therapy. I understand that I am free to withdraw my consent and stop NB UVB at any time. By signing this agreement, I acknowledge that I have received a copy of this consent as well

Signature of Patient

Date

Signature of Witness

Date

Printed Name of Witness