

# Home Phototherapy Patient & Provider Contract



This form was developed for use by practitioners prescribing Narrowband UVB Home Phototherapy.

You have been prescribed a home narrowband UVB phototherapy unit. Use this device as you would a prescription medication. You must use it only under the direction of a physician. Like any medication, this treatment can be very helpful, but it can also be harmful if not used properly.

I, (your name here) \_\_\_\_\_, pledge the following:

Please initial each item:

\_\_\_\_\_ • I will not begin using the home UV light therapy unit until I have obtained verbal or written direction from my doctor on how to use it.

\_\_\_\_\_ • I will follow up with my doctor every \_\_\_\_\_ months while actively using my home phototherapy unit.

\_\_\_\_\_ • I will have a full body skin examination at least once per year.

\_\_\_\_\_ • I will only use my home phototherapy unit to treat my skin condition.

\_\_\_\_\_ • I will not allow anyone else to use my home phototherapy unit.

\_\_\_\_\_ • I will use eye protection EVERY TIME I use the unit.

\_\_\_\_\_ • I will follow other special instructions (such as covering my face or genital areas) as specified by my doctor.

\_\_\_\_\_ • I will call my doctor right away if I develop a sunburn, redness, worsening of my psoriasis (or other condition), changes in skin lesions such as moles, or any other problem that might relate to my home therapy.

Patient Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature : \_\_\_\_\_ Date: \_\_\_\_\_