Phototherapy Request Form

Anwyl Specialist Medical Centre

Shop 6, 107A Mana Esplanade

Mana today's date: ph. 233 8584 fax 233 1497 edi anwylspm Patient's *name * address date of birth contact phone numbers _ Referring Doctor's *name address *fax number * compulsory fields EDI address **Narrow Band UVB** For **Psoriasis** Eczema Vitiligo (specify.....) Other Frequency: 2 x a week 3 x a week Reviews: Dr Judd to review 3 weekly and as required I will review, & fax instructions to you. The first follow-up will be _____ weeks after starting. Anwyl will fax the treatment schedule in time for the first follow-up. Comments: **Targeted UVB Phototherapy** Can be used to treat one or several palm-sized areas. **Psoriasis** For Vitiligo (specify.....) Other Sites to be treated: (specify.....)

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today	's date:				Shop 6, 10 Mana ph. 233 85 fax 233 14 edi anwyls	197
Patient's	s *name					Pili
	* address	3				
date of	birth					
contact	phone num	nbers				
Referrin	ng Doctor's	*nam	е			
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	Broad	l Ba	nd U۱	/A		
	For		Psoriasis	S		
			Eczema Vitiligo			
			Other	(specify)
	Sites to b	be trea	eated (The hands	e illumination field is about twice an A4	page in size)	
			nanas feet			
	Photosen	Citica	Other	(specify)
	PNOWSEN			is taking/applying,	hours befo	ore phototherapy
	Photoprotection:					
	☐ The patient knows to wear sunglasses and to photoprotect exposed skir photosensitiser, until nighttime of the treatment day. Frequency					taking/appiying the
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			2 x a wee Other	ek (specify)
	Reviews:	: _				,
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