Phototherapy Request Form

Anwyl Specialist Medical Centre

Shop 6, 107A Mana Esplanade
Mana
ph. 233 8584
fax 233 1497
edi anwylspm

today's date: _____

Patient's *name _____

* address _____

date of birth _____

contact phone numbers _____

Referring Doctor's *name _____

address _____

*fax number _____

EDI address _____   * compulsory fields

☐ ## Narrow Band UVB

For
- ☐ Psoriasis
- ☐ Eczema
- ☐ Vitiligo
- ☐ Other   (specify..)

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.

For
- ☐ Psoriasis
- ☐ Vitiligo
- ☐ Other   (specify...)

Sites to be treated:
- ☐   (specify...)

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    *fax number _____

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☐ **Blue light therapy**

For   ☐   Acne
          ☐   Other   (specify..)

Sites to be treated
          ☐   face
          ☐   back
          ☐   chest
          ☐   Other   (specify..)

Frequency
          ☐ 2 x a week for 4 weeks
          ☐   Other   (specify..)

☐ **Broad Band UVA**

For   ☐   Psoriasis
          ☐   Eczema
          ☐   Vitiligo
          ☐   Other   (specify..)

Sites to be treated (The illumination field is about twice an A4 page in size)
          ☐   hands
          ☐   feet
          ☐   Other   (specify..)

Photosensitiser:
    This patient is taking/applying............................ , ... hours before phototherapy

Photoprotection:
    ☐ The patient knows to wear sunglasses and to photoprotect exposed skin after taking/applying the photosensitiser, until nighttime of the treatment day.

Frequency
          ☐ 2 x a week
          ☐   Other   (specify..)

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: