

Southern Tier Dermatology & Aesthetics
200 Plaza Drive Vestal, NY 13850
607-729-2777 fax; 607-7292773

I, _____, give my consent for the administration of Ultraviolet B Phototherapy by Southern Tier Dermatology and Aesthetics.

I understand that this treatment is used for Psoriasis, itching, and eczema, as well as a variety of other conditions. Like sun exposure, it carries the risks of sunburn, dry skin, and itching as acute side effects.

If protective glasses are not worn, then damage to the eyes may occur.

In the long-term, Ultraviolet B increases the chances of skin cancer by a factor of 1.5 over a lifetime of chronic therapy. The risk with 20-30 treatments is unknown, but is estimated to be substantially less than that.

In addition, other signs of sun damage such as freckling and wrinkles may be associated with Ultraviolet B therapy.

In most cases, 25-30 treatments are needed to clear or improve Psoriasis with this treatment, and the mini frequency of treatment is 3 times a week during the clearing phase.

Each time you complete 6 to 8 weeks of UVB therapy treatment, an appointment will need to be scheduled, with a provider, to determine if maintenance therapy should continue.

(The main remission time expected from 30 treatments is about 5 months. During this time, the Psoriasis can be expected to be milder, but not necessarily clear all the time.)

Most insurance companies cover treatment with UVB therapy, but all companies are different. I am aware that I must contact my insurance to see what my responsibility will be (giving them the CPT code 96910, treatment with UVB therapy).

I understand that I am responsible for my portion that is not covered by my insurance company.

I verify that I have read and understood the above risks and expectations, and consent to this form of treatment. The alternatives and risks have been explained to me.

Signature of patient

Date

Witness