KNOTT STREET
DERMATOLOGY

NARROWBAND ULTRAVIOLET B (NB UVB) CONSENT FORM

Narrowband ultraviolet B (NB UVB) is a type of phototherapy (light treatment) used to treat various skin conditions, including psoriasis, atopic dermatitis (eczema), and itching. This treatment exposes your skin to ultraviolet (UV) light for varying lengths of time. Possible benefits include improvement of existing lesions and reduction of new lesions. NB UVB will not lead to a permanent cure, but can effectively control or improve your condition, sometimes over extended periods of time.

Each patient will vary in the number of treatments required per week and the time it will take to reach significant improvement or clearance. Most patients initially require 3 treatments per week. Typically, treatments start with only a few seconds of UV light exposure and gradually increase as determined by your provider. It may take 15 to 25 treatments or longer to improve your condition. Not all patients will respond quickly or clear completely. However, in many cases, NB UVB has resulted in near-total clearing or remission.

The possible risks and side effects of NB UVB are:

- Sunburn or blistering. This may occur at any time during therapy. Certain medications may also cause you to sunburn. Please inform us of any medications you are taking, especially new medications during your treatment.
- Theoretical increased risk of skin cancer. However, this has not been demonstrated in many studies with psoriasis patients and UVB treatment.
- Dryness and itching.
- Skin aging, including an increase in freckling, wrinkles, and dark spots.
- Eye damage and cataracts. This is preventable with required protective goggles worn during treatments.
- Increased frequency of cold sores (herpes labialis). If you have a history of cold sores, apply sunscreen on your lips to reduce the risk of an outbreak.
- Increase in genital cancer in men with long-term UVB exposure (>300 treatments). This risk is decreased with use of a shield on the genital area.
- Worsening of other medical conditions, such as lupus erythematosus or other sun-sensitive conditions.

I have fully read and understand the above information. I have discussed the nature of the proposed treatment, as well as treatment alternatives, with my provider. I understand that no one completely knows the long-term effects of NB UVB. I authorize my provider to prescribe NB UVB. This authorization also extends to my provider's associates to carry out treatment. I understand that I am free to withdraw my consent and stop treatment at any time.

PATIENT PRINTED NAME	PATIENT (OR GUARDIAN) SIGNATURE	DATE
PROVIDER NAME	PROVIDER SIGNATURE	DATE

MAIN OFFICE 301 NE Knott Street, Portland, OR 97212 ◆ MILWAUKIE OFFICE 10330 SE 32nd Avenue, Milwaukie, OR 97222
PHONE 503.253.3910 ◆ FAX 503.253.4297 ◆ www.knottstreetdermatology.com