



Narrowband Ultraviolet B (NB UVB) Instructions

Prior to Treatment

- Goggles must be worn during every treatment. Your goggles are in box #_____.
- Areas that do not require treatment must be covered. Please use sunscreen on your face and cover other areas, including the groin, with clothing (unless these areas require treatment).
- Moisturizers, such as mineral oil or cream, must be applied prior to treatment.
- Please feel free to lock the door for privacy during treatment.

During Treatment

- Stay positioned in the middle of UVB unit. If you are treating your lower legs, it may be helpful to stand on a stepstool during treatment.
- When you are in the UVB unit, close the doors completely and push the yellow button to start treatment. If you would like a fan during treatment, push the blue button.
- Occasionally a pause may occur during your treatment. If this occurs, push the yellow start button again to resume treatment.
- If you need assistance, press the white assistance button on the wall outside the unit.
- After treatment is completed, please check out at the front desk.

Throughout the Treatment Course

- Do not receive excess light exposure, either with natural sunlight or tanning booths. This will disrupt your UVB treatment.
- Many medications increase sensitivity to light. If you have new medications, please notify the office **prior** to your scheduled treatment so your provider may adjust your treatment if needed.
- If you burn or have significant itching after treatment, please also notify the office **prior** to your next treatment. If burning occurs, it will be most severe 24 hours after your treatment.
- Do not miss your follow-up appointments with your provider. You will be unable to continue your UVB treatment without regular follow-up.

My signature below verifies that the information above has been reviewed with me. I understand this information and will follow these guidelines in order to have safe, effective UVB treatment.

Patient Name

Patient or Guardian Signature

Date

MA/RN Name

MA/RN Signature

Date