



Robert M. Harper, MD Mark A. Knautz, MD Paige B. Camp, MD
 George F. Dobo, MD Jared S. Friedman, MD Piyush Raman, DO
 Elizabeth Richwine, MD Adam G. Perry, MD Jamie Groh, MD
 Jessica Harris, MD
 Shana Hackworth, PA-C Aimee Mitchell, PA-C
 Erin Barnett King, PA-C Patricia Flynn, PA-C Stephen Steiner, PA-C
 Casey Nelson, PA-C Beth Gundy, PA-C Lisa Hill PA-C
 Kelly Houmand PA-C

Narrow Band UVB/UVA Consent Form

I, _____ understand the following risk and requirements with narrow band UVB as listed below.

Risk:

- Your skin can occasionally become itchy and dry.
- Your skin condition could temporarily worsen before it gets well.
- You may experience sunburn due to the increase of UV light. We will try to avoid this, but some tanning and redness of your skin is likely. Please let us know if your skin does become sunburned. This usually develops 8-14 hours after your treatment and usually resolves within 24 hours.
- Very occasionally patients develop polymorphic light eruption, which is a itchy rash due to sunlight.
- As with too much sun exposure, long-term use of UVB (many months to years) may age your skin and increase your risk of developing skin cancer. This increased risk is very slight at first, but increases after about 200-300 treatments. We ask that you follow up with your dermatologist every 6-12 months for a full body exam or skin cancer screening.
- If you do not wear the protective goggles in the unit, you risk developing sunburn like reaction to your eyes within a few hours of exposure. It may also increase your risk of developing cataracts in the future. You may open your eyes during treatments only when you are wearing the protective goggles provided.
- If you have rosacea or a history of cold sores (which can be aggravated by the sun), we will shield your face during treatment.

Requirements:

- Ability to come in to our office 2-3 times a week for a span of 2-3 months
- We understand that this treatment requires commitment, but we kindly ask for a phone call 24 hours before or the morning of your appointment to cancel or reschedule. If there are more than 2-3 no show appointments you may be subjected to a \$25 no show fee.
- Wearing the appropriate undergarments to protect the groin area.
- After each treatment, stop by our check-out desk to inquire about your treatment balance.

Please call Marietta Dermatology and Skin Cancer Center with any questions or concerns at:
 770-422-1013, ext. 1029 Brittany or ext. 1030 Ginger.

I have read and been advised on the content and instructions listed above. I hereby sign this form stating I understand the content and instructions listed above pertaining to this treatment.

Patient signature: _____ Date: _____ Witness: _____ Date: _____

Patient name (printed): _____