



**HOSPITAL SULTAN ABDUL AZIZ SHAH
UNIVERSITI PUTRA MALAYSIA
Kod Dokumen: HSAAS/MEDIC/BR64**

PHOTOTHERAPY FORM

Name	:	Source of Light	:
MRN	:	Oral Medication	:
Photo No	:	Weight	:
Diagnosis	:	MED	:
Therapy	:	Skin Type	:
Treatment Frequency	:	(Monday / Tuesday / Wednesday / Thursday / Friday)	

DATE	NO OF SESSIONS	UVA / UVB EXPOSURE			CUMULATIVE DOSE	REACTION		RESPONSE		OTHER TREATMENT & ADVICE Doctor review/comment (Please write in red)	STAFF
		DOSAGE	TIME	% INCREASE IN DOSE		ERYTHEMA	TENDERNESS	EXTENT	GRADE		