Home Phototherapy Patient Instructions

Patient Name ______________________________ MRN _________________________ Date _____________

You have been prescribed a home narrow band UVB phototherapy unit. Use this device as you would a prescription medication. You must use it only under the direction of your doctor, nurse, or pharmacist. Like any medication, this treatment can be very helpful, but it can also be harmful if not used properly.

Phototherapy unit prescribed: Daavlin 7 Series T 4 - Narrow Band UVB

Treatment prescribed by your doctor:
Treatment #1: __2 minutes
Treatment #2: __2 minutes 30 seconds

Special Instructions:
• Each treatment time is for one (1) exposure. Repeat the treatment time for each separate area.
• Continue to increase your time by __30 seconds__ every treatment until you can’t increase it any more without getting pink.
• Treatment frequency: __3 times per week__
• It is normal from time to time to experience a slight pinkness of the treated area several hours after treating.

Use this chart to help describe your level of “pinkness” and to determine how to adjust your next treatment.

<table>
<thead>
<tr>
<th>Skin Color</th>
<th>Rating:</th>
<th>Adjust the Next Treatment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not pink at all</td>
<td>0</td>
<td>Continue to increase as directed by 30 seconds</td>
</tr>
<tr>
<td>Very light pink</td>
<td>1</td>
<td>Hold treatment time the same as the last treatment</td>
</tr>
<tr>
<td>Medium pink</td>
<td>2</td>
<td>Reduce time by 60 seconds</td>
</tr>
<tr>
<td>Dark pink or red</td>
<td>3</td>
<td>Skip one treatment and reduce next time by 60 seconds</td>
</tr>
</tbody>
</table>

Always use the following to protect special areas:
• UV blocking goggles (included)
• Sunscreen (if directed by provider)
• A towel, pillowcase, bag, or full face mask to cover face
• For men, protection for the genital area

Other special instructions from your doctor:
• Treat your skin at a distance of 9 inches away from the lamps.

HSL50021, Rev 2, 3/21/17
If you miss your treatment for:

<table>
<thead>
<tr>
<th></th>
<th>Adjust your treatment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 week</td>
<td>Stay the same (NO increase)</td>
</tr>
<tr>
<td>2 weeks</td>
<td>Reduce your time by 50% (half)</td>
</tr>
<tr>
<td>3 weeks</td>
<td>Reduce your time by 75%</td>
</tr>
<tr>
<td>4 weeks</td>
<td>Start over at your beginning time</td>
</tr>
</tbody>
</table>

Please refer to your manual or call Daavlin’s tech support line for questions about operating your device. 1-800-322-8546, Mon - Thurs 5:00 am- 5:00 pm, Fri 5:00 am - 2:00 pm.

Frequently Asked Questions:

- How often should I follow up with my doctor? Follow up every 12 months, or more frequently if advised by your doctor, nurse, or pharmacist. You should also follow up if your condition seems to worsen, or if you notice a new spot on your skin that doesn’t look normal.
- I am taking a new medication. Could this affect my treatment? Yes, some medications can make you more sensitive to light. Check with your doctor, nurse, or pharmacist before you begin any new medications.
- How does FlexRx work? FlexRx is a feature that counts the number of exposures you have completed. You will notice the number of available exposures counting down with each use. When you reach 5-10 exposures remaining, contact Kaiser for a refill “code.”
- What should I do if my skin condition clears up? Once your skin has cleared, you will either be able to take a break from therapy or switch to a less frequent treatment schedule. Call for advice. If you need to resume treating again, it is important that you START OVER at your original time (see page 1) and NOT the longer times that you ended your therapy with.

Helpful Tips & Hints:

Call Daavlin’s toll free tech support lines for assistance at 1-800-322-8546.

Use the Treatment Log in this packet or a similar journal to keep track of your therapy, and take it with you to your follow-up appointments.

Place a piece of tape on the floor, 9 inches away from the lamps, to remind you where to stand. If needed, turn to treat the sides of your body.

Call or email your doctor, nurse, or pharmacist for a "refill" when you have 5 - 10 treatments remaining in FlexRx.

By accepting the delivery of your prescribed home phototherapy unit, you indicate that you understand, accept and agree to the following:

- I will follow up with my doctor while actively using my home phototherapy unit, will notify my doctor of any changes in my medications, and will have a full body skin examination at least once per year.
- I will only use my home phototherapy unit to treat my skin condition and I will not allow anyone else to use my home phototherapy unit.
- I will use eye protection EVERY TIME I use the unit and I will follow other special instructions (such as covering my face or genital areas) as directed.
- I will call my doctor right away if I develop a sunburn, redness, worsening of my psoriasis (or other condition), changes in skin lesions such as moles, or any other problem that might relate to my therapy.
- I will log my treatment times and results and provide them periodically to my doctor.
### Home Phototherapy
#### Treatment Log: NB UVB

<table>
<thead>
<tr>
<th>Date</th>
<th>Treatment Number</th>
<th>Time</th>
<th>Comments (Record any problems such as itching, severity or location of any burning, technical difficulties, reasons for gaps in treatment, etc.)</th>
<th>Pinkness (0-3)*</th>
<th>Disease Severity (0-10)**</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-1-12</td>
<td>1</td>
<td>2:00</td>
<td>No burn, slight itching after treatment.</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

*Pinkness Rating:
- 0 = Not Pink
- 1 = Light Pink
- 2 = Medium Pink
- 3 = Dark Pink - Red

*Disease Severity Rating:
Patients, please rate your skin condition on a scale of 0 – 10 where 0 is completely clear and 10 is the worst it has ever been.