



**CARSON DERMATOLOGY
SKIN CANCER CENTER**

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PUVA TREATMENT, PATIENT CONSENT AND RELEASE FORM

Name _____ Date _____

DESCRIPTION: 8-methoxypsoralen or Tripsoralen pills will be taken orally two hours prior to exposure of the skin to high intensity long wave ultraviolet light (UVA). The medication will sensitize the skin to the therapeutic effects of the ultraviolet light. This procedure has been reported as being effective in the treatment of psoriasis and has been approved by the U.S. Federal Food and Drug Administration.

Theoretic risks of this form of treatment include: (1) Itching (occurs roughly in one of ten patients), (2) Increased pigmentation or rarely decreased pigmentation of the skin, (3) A sunburn-like reaction in the skin, including the possible formation of blisters, (4) A somewhat increased risk of skin cancer, (5) The possibility of accelerated formation of cataracts (this has not been documented to occur in humans after many years of study).

Alternative treatments of severe psoriasis available today include: (1) Coal tar and ultraviolet B radiation (this frequently requires hospitalization), (2) Topical cortisone creams, (3) Topical anthralin paste, and (4) Internal treatment with anti-cancer drugs such as methotrexate, cortisone, and hydroxyurea, all of which have potential severe side effects.

I have read the above information and all of my questions regarding the anticipated PUVA treatment have been answered. I agree to undertake this treatment and understand that I am free to withdraw my consent and participation in treatment at anytime without prejudice to me or my medical care.

I also consent to photographs which may be taken before, during and after treatment, to record and document the progress of my condition, and which may, at some date, be used for teaching purposes with absolute confidentiality.

SIGNATURE _____

WITNESS _____

PHYSICIAN _____