

Photodynamic Therapy Treatment Record

Patient Name	Date
Record Number	Date of Birth

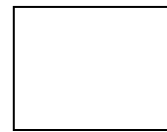
- ☐ Informed Consent Signed
- ☐ Protective eyewear
- ☐ Safety precautions explained to patient

Treatment # _____

Diagnosis: Actinic Keratosis Acne Other: _____

Location(s): ☐ Scalp ☐ Back
 ☐ Face ☐ Chest
 ☐ Ear ☐ Arms
 ☐ Neck ☐ Legs
 ☐ Other _____

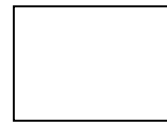
Procedure: Number of Levulan applicators used: _____.
Levulan applied _____ (time started).
Incubation period: 1 hour 2 hours Other: _____



(Levulan Sticker)

PDT: 16:40 30:00 Other: _____

Area(s) to be treated were cleansed with 0.9% normal saline. SPF 60 applied after completed treatment.
Aftercare instructions given / reviewed. Side effects sheet given / reviewed.



(Levulan Sticker)



(Levulan Sticker)

Nurse / Technician(s): _____

Comments:
