# 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
- ☐ Face
- ☐ Ear
- ☐ Neck
- ☐ Back
- ☐ Chest
- ☐ Arms
- ☐ Legs
- ☐ Other _____

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

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)

(Levulan Sticker)

**Nurse / Technician(s):**_____

**Comments:**

_____

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