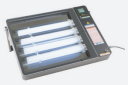
NATIONAL BIOLOGICAL

# Smart Form

## Home Phototherapy Systems

**Panosol 3D®**
Full Body 10 Lamp - 6ft
NB-UVB with side light panels



**Handisol II®**
Hands/Feet
4 Lamp-NB-UVB

**Dermalume 2X™**
Scalp/Spot Treatment
2 Lamp-NB-UVB

**Panosol II®**
6ft.
NB-UVB

**Panosol II®**
2ft.
NB-UVB

**Dermalight 90®**
Scalp
NB-UVB

**Other**
(UVA, UVA1, BB-UVB)
_____

**Patient Name:** _____ **DOB:** ___ / ___ / _____

The reason for this prescription concerns my patient's Moderate Psoriasis Vulgaris (L40.0) which affects more than 10% of the patient's body surface area. Patient has a history of frequent flaring which requires immediate treatment to control the disease. The area of involvement includes: abdomen, back and knees

Numerous medications have been tried and failed including: _____

The patient has been treated with ultraviolet light in the clinic and has shown significant improvement.

As this diagnosis is usually a life-long condition that requires long-term maintenance to prevent future flare-ups, my patient will likely require UV light treatment for indefinite use with an on-going maintenance schedule. Treatment frequency of 3 times per week is required with likely moderation during the summer months.

I am recommending an FDA listed Panosol 3D due to its ease of use, effectiveness and relative safety due to its prescription controlled timer where I can specifically guide the patient's use through periodic visits to my office to help control the patient's treatment regimen. I feel as though my patient is capable of operating the Home UV device and staying within the prescribed exposure times.

Home UV light would cost the health plan less than the same treatment at a clinic, as this is a chronic condition generally requiring a minimum of 72 additional treatments over the next 12 months. Each in-clinic visit will cost $60 yielding a minimum yearly treatment cost of more than $5000 whereas the one-time cost of a Home UV device is $1095-$5140

Results of Home UV also compare favorably to biological therapy (i.e. Enbrel/Humira/Otezla/Dupixent) which will likely cost the patient's Biologics will be my likely alternative treatment if a Home UV light device is not a viable option.

Fitzpatrick Skin Type
I ☐ II ☐ III ☐ IV ☐ V ☐ VI ☐

Diagnosis Code (ICD-10)
Psoriasis Vulgaris (L40.0)

HCPCS Code
E0694

## Patient Information

Name _____ Middle Initial _____ Birthdate _____ Gender _____
Address _____ City _____ State _____ Zip _____
Cell/Home Phone _____ Email _____ Insurance Company _____
Parent/Guardian (if minor) _____

## Physician Information

Physician Name _____ Practice _____ NPI # _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____
Date _____ Physician Signature _____

*Per Medicare guidelines, Date and Signature must both be handwritten or both be typed.*

**Submit with supporting medical records via e-mail (nbc@natbiocorp.com) or fax (216-765-0271 or 216-514-0213)**
In case of questions, call our Clinical Accounts Management Team: 216-831-0600, x2