



RHODE ISLAND HOSPITAL PHOTOTHERAPY ORDER FORM

RIH Phototherapy, Jane Brown Building, 1st Floor, Phone: 401-444-4848, Fax: 401-444-7410

Patient Name: _____ Patient Phone#: _____

Patient DOB: _____ Insurance: _____

1. Fitzpatrick Skin Type (I-VI - choose only one) _____

2: Treatment (select one): starting dose and max dose varies by skin type

☐ Narrow Band Whole Body ☐ Narrow Band Hand and Foot ☐ Narrow Band Scalp (specify area): _____

☐ Narrow Band Specific Body Area: _____

☐ PUVA Oral ☐ UVA Hand and Foot ☐ UVA Whole Body

3. Mineral oil to be applied prior to treatment? ☐ Yes ☐ No

4. Frequency: ☐ Once weekly ☐ Twice weekly ☐ Three times weekly ☐ Other: _____

5. ICD 10 Diagnosis Code (reference sheet on page 2): _____

6. Protocol (select one below):

☐ **Per unit protocol:** all patients will cover eyes (with goggles) and face unless otherwise specified below. All males will cover groin unless specified below.

☐ Allow face exposure.

☐ Other instructions specify here: _____

Provider printed name: _____ Contact number: _____

Provider signature: _____ Date signed: _____

Note: Treatment start date will default to date signed. Treatment end date will default to six months after signing.
For Neighborhood Insurance, treatment end date will default to three months.

CHECKLIST

- | | |
|--|--|
| ☐ Patient demographics and insurance | ☐ Phototherapy consent form |
| ☐ Office visit note and medication list | ☐ Phototherapy order form |

IF ANY OF THE ABOVE IS MISSING, THE PATIENT WILL NOT BE ABLE TO BE SCHEDULED

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Diagnosis Code Reference Sheet			
Common Codes	ICD 10	Granuloma	ICD 10
Other atopic dermatitis	L20.89	Granuloma annulare	L92.0
Psoriasis vulgaris	L40.0	Necrobiosis lipoidica, not elsewhere	L92.1
Vitiligo	L80	Other granulomatous disorders (skin)	L92.8
Dermatitis	ICD 10	Hypopigmentation	ICD 10
Other atopic dermatitis	L20.8	Generalized hypopigmentation	L81.8
Atopic neurodermatitis	L20.81	Lichen	ICD 10
Infantile (acute) (chronic) eczema	L20.83	Pityriasis lichenoides chronica	L41.1
Intrinsic (allergic) eczema	L20.84	Hypertrophic lichen planus	L43.0
Other atopic dermatitis	L30.0	Bullous lichen planus	L43.1
Dyshidrosis [pompholyx]	L30.1	Lichenoid drug reaction	L43.2
Cutaneous autosensitization	L30.2	Subacute (active) lichen planus	L43.3
Other specified dermatitis	L30.8	Other lichen planus	L43.8
Psoriasis	ICD 10	Lichen simplex chronicus and prurigo	L28.0
Psoriasis vulgaris	L40.0	Prurigo nodularis	L28.1
Generalized pustular psoriasis	L40.1	Other prurigo	L28.2
Acrodermatitis continua	L40.2	Lymphoma	ICD 10
Pustulosis palmaris et plantaris	L40.3	Mature T/NK-cell lymphomas	C84.90
Guttate psoriasis	L40.4	Mycosis fungoides	C84.00
Other psoriasis	L40.8	Sézary disease	C84.10
Pruritus	ICD 10	Cutaneous T-cell lymphoma, unspecified	C84.A0
Other pruritus	L29.8	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites	C84.A9
Vitiligo	ICD 10		
Vitiligo	L80	Light Eruption	ICD 10
Connective Tissue Disorder	ICD 10	Polymorphous light eruption	L56.4
Localized scleroderma [morphea]	L94.0		