PHOTOTHERAPY TREATMENT LOG

Treatment No. & Date	Treatment Time: ___ Min, ___ Sec	Increase by: ___ Min, ___ Sec	Response &/or Comments

NOTE: Maintaining a routine schedule with your UVBioTek™ system will enhance the effectiveness of your treatments. Please use this Treatment Log to document your treatments in accordance with your physician's treatment plan.

**** Keep this page blank and use it to make more copies in the future.***

(additional copies also available at: ***http://www.uvbiotek.com/PDF/UVBioTek_Treatment_Log.pdf***)

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