



Questionnaire of the European Society for Photodynamic Therapy in Dermatology about photodynamic therapy and fluorescence diagnosis in dermatology

If you offer PDT in your department or your office and if you are interested in getting listed on the Euro-PDT website, please fill in the short questionnaire and send it via e-mail to: info@euro-pdt.org

Contact details

clinic / department / specialist's office

street, town, zip code

e-mail

Since when do you perform PDT?

(mm/yyyy)

What are your main indications you treat?

AK
BCC
Bowen's disease
photochemorejuvenation by PDT
other conditions _____

How many PDT treatments do you perform in an average month?

What light sources do you use?

Lamp
Laser
LED
IPL/other flashlamps

ALA (registered drug)
ALA extratemporaneous formulation
MAL (registered drug)

Do you perform Fluorescence Diagnosis?

yes
no

This information should be kept confidential.
I agree to the publication of the above data on the EURO-PDT website.