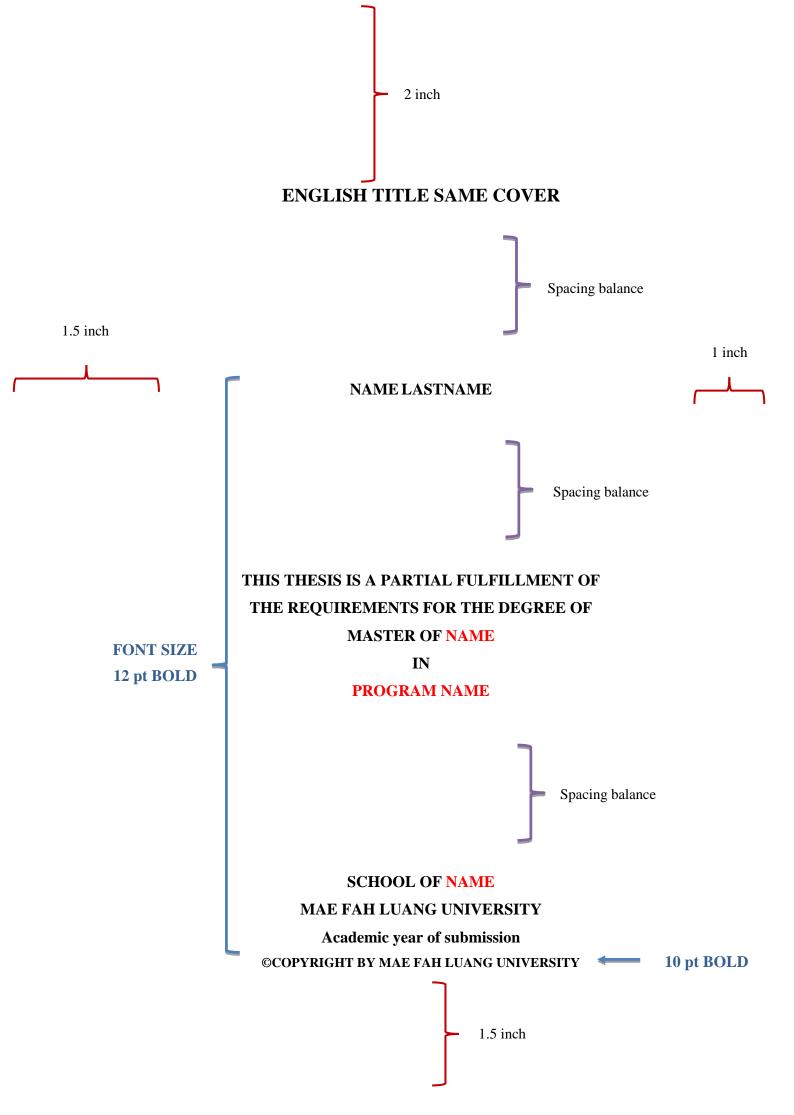
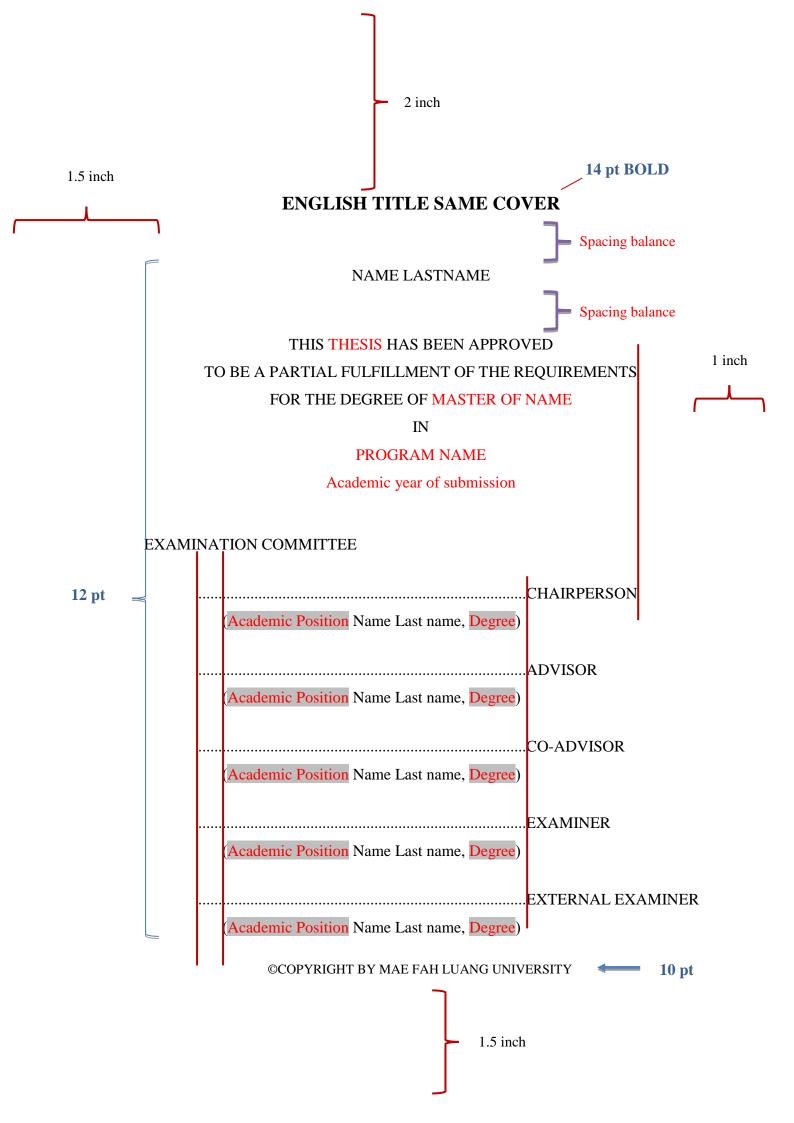
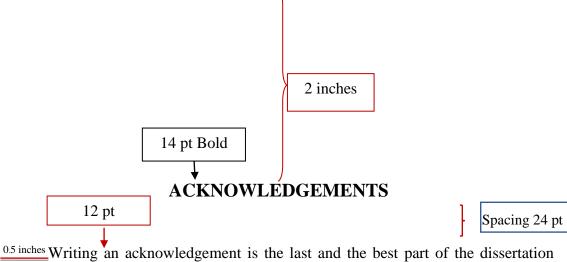


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1.5 inches

writing process. It is a statement written by the author acknowledging the persons who assisted in writing the dissertation by being involved in different ways. You have the choice in your dissertation to leave out the acknowledgement, but this hardly ever happens. There has to be a way for you to thank the persons who helped you, made sacrifices in terms of time and effort and supported you to complete your dissertation successfully.

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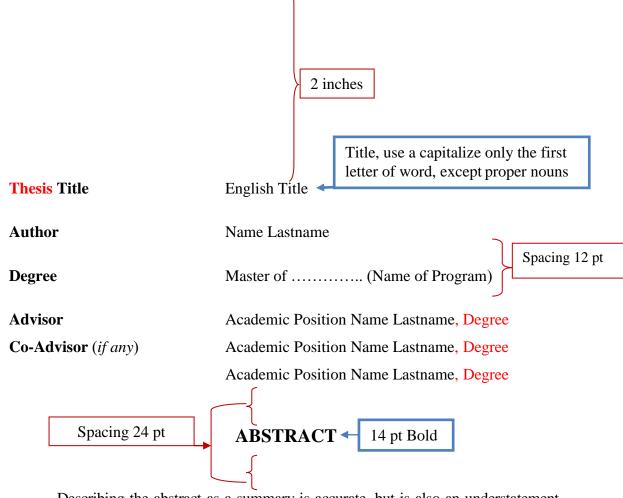
After all it is not the proper etiquette as not to do so. Acknowledgments do not need to comply with any fixed format or structure. It should be written in simple and in a personal tone. But sometimes, simpler matters turn out to be more difficult than one assumes.

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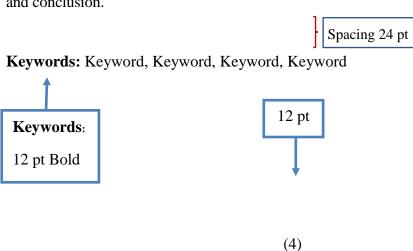
Describing the abstract as a summary is accurate, but is also an understatement. Generally, an abstract contains the thesis of research conducted, the methods through which the thesis was tested, the findings of the research, and any final thoughts. An abstract should be as succinct as possible, and readers should not have difficulty comprehending the purpose of the research.

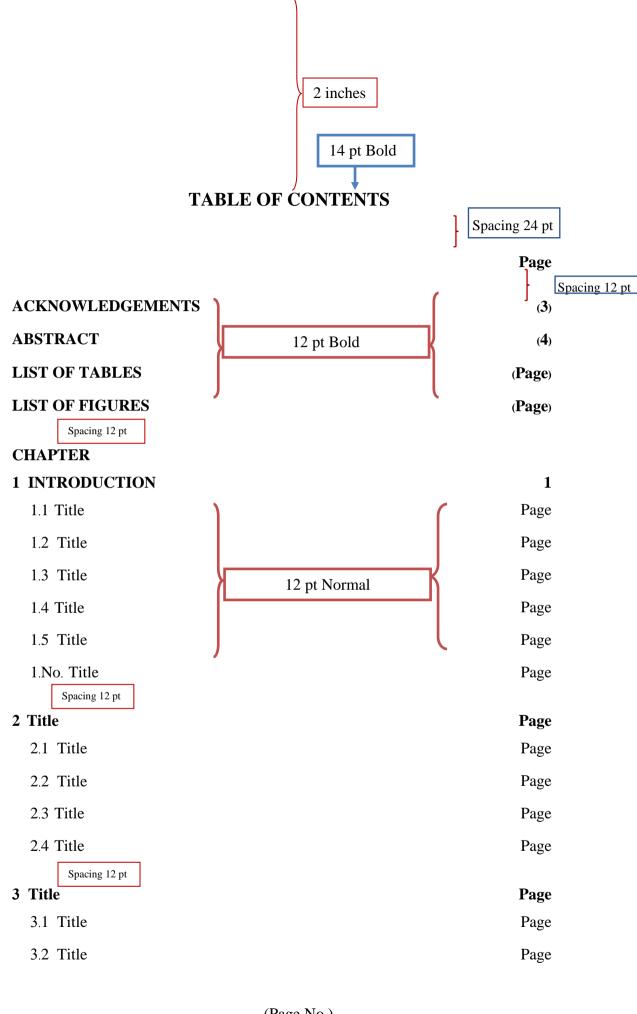
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According to the APA, abstract length is limited to 120 words. Abstracts longer than 120 words may be truncated when included in databases, limiting searchability. The information included in an abstract depends on the type of paper. A report of an empirical study should contain a statement of the problem, subjects, method, findings and conclusion.





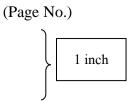


TABLE OF CONTENTS (continued)

	Page
CHAPTER	
3.3 Title	Page
3.No. Title	Page
4 Title	Page
4.1 Title	Page
4.2 Title	Page
4.3 Title	Page
4.No. Title	Page
5 Title	Page
5.1 Title	Page
5.2 Title	Page
5.3 Title	Page
5.No. Title	Page
REFERENCES	Page
APPENDICES	Page
APPENDIX A NAME	Page
APPENDIX B NAME	Page
APPENDIX C NAME	Page
CURRICULUM VITAE	Page

LIST OF TABLES

Table	Page
1.1 Frame Work	Page
No. Title	Page

LIST OF FIGURES

Figure	Page
2.1 Type of Skin	Page
No. Title	Page

ABBREVIATION AND SYMBOL

VT Vermont

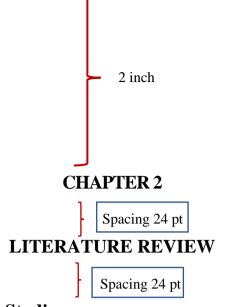
VA Virginia

WA Washington

WV West Virginia

WI Wisconsin

WY Wyoming



2.1 Previous Related Studies

Stratigos, Dover and Arndt (2000) considered treatment of cutaneous pigmentation as one of the most interesting areas of cutaneous laser surgery. They reviewed the 4 main short-pulsed, pigment-selective lasers in clinical use at that time, and Q-switched ruby laser (694 nm, 25-40 nanoseconds) was one of them which used successfully for decades in treatment of superficial pigmented lesions, such as ephelides, solar and labial lentigines, and flat seborrheic keratoses. Dermal and mixed epidermal/dermal pigmented lesions like melasma shows variable responses.

2.1.1 Indications for Facial Resurfacing

Laser facial resurfacing treat extensive cutaneous changes duo to solar damage, and

SubTopic: use Capitalize Each Word

2.2.2.1 Irregular pigmentation and Dyschromia: Many epidermal pigmented lesions that are due to photoaging, such as ephelides, lentignes, seborrheic keratoses, dermatosis papulosa.

2.2.2.2 Vascular lesions: Like telangiectasia, angiomas with venous lakes, standing erythema, and flushing disorders.

2.1.2 Contraindications to Nonablative Technologies

other skin lesions including (Goodman, 2007; Kilmer & Semchyshyn, 2005)

Because of the possible varied side effects and complications after cutaneous laser surgery, it is essential that each patient receive consultation before treatment to assess the risk factors of adverse sequelae and contraindications (Tanzi & Alster, 2008; Goodman, 2007; Kilmer & Semchyshyn, 2005) which include

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1 inch
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42

1 inch

- 2.2.3.1 Concurrent isotretinoin remains a controversial issue.
- 2.2.3.2 Current or recent tan or intention to expose to high-dosage ultraviolet radiation. This is of much greater concern in patients who seek visible laser or light source treatment
- source treatment.

 1. Pregnant or breast feeding women.

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2. Personal history of hypertrophic scar.

- 1) It is accomplished by Patient Satisfaction Score (PSS), where all participants in the study are given questionnaire to evaluate their response after one month of the last laser session, they have been asked to choose one of four choices to answer the appreciation question.
- A. The three dermatologists assess the photos individually by choosing one of percentages (0-100%) to indicate the rate of regimentation for each lesion for all of the participants.
- B. All the patients completed the three sessions of laser therapy. They visited the clinic every two weeks after each laser session for follow up and photography. One month after the last laser session, photographs were taken to all treated patches to be used in the assessment.
- a. After all assessors completed their assessment, results taken and were scored into numbers to be analyzed statistically, as shown in table 2.1.

 Table 2.1 Characteristics of the Participants in the Study

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Open table ——	Item	Pt.1	Pt.2	Pt.3	Pt.4	Pt.5	Pt.6] Hea
1	Age(yr.)	35	50	25	36	34	65	
	Sex	Male	Male	Female	Female	Female	Male	
	Age of onset of vitiligo	5-6	10	11	11-12	32	64	
	(yr.)							
	Type of vitiligo	Focal	Generalized	Generalized	Acrof-acial	Generalized	Segmental	
Not lines in table 🔫	Skin phototype	III	III	IV-V	III-IV	III	IV	
and full margins	Duration of vitiligo	30	40	14	25	2	1	
	(yr.)							
	Number of treated	1	1	3	4	5	3	
	Vetiligo patches							
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This is a prospective randomized controlled bilateral left-right comparison trial. It was performed in accordance with Good Clinical Practice. The treatment protocol has been reviewed with each patient who then signed the informed consent. The research was accomplished at Mae Fah Luang University Hospital, Bangkok (Outpatient department).

According to the Clinical Assessment of Repigmentation degree, the mean results of the three dermatologists assessment showed 14 patches (82%) out of the 17 patches were given score 1 which means 1%-24% repigmentation, while only 3 patches (18%) were given 0 score, 6 his means that carbon dioxide laser has achieved mild repigmentation effect in vitiligo patches.

One patient noticed repigmentation in areas not treated by laser, she claimed that repigmenation started to occur in her neck and chest during period of the study, this encouraging news need to be verified in the light of any immunological effects of carbon dioxide laser or it is just an accidental event or something else. But we know that Vitiligo is known as a slowly responding disease so three months of laser sessions may be not enough to achieve complete clinical improvement in repigmentation.

Table 2.2 The Features of the CICU RF Laser Device
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Spacing 24 pt

Item	Feature
Laser type	RF CO2 ALL METAL SEALED TYPE
Laser power	up to 30 watt
Laser mode	TEMoo (10.6 μm)
Pulse duration	100-5000 μs
Repetition	0.2-1 s/single
Overlap	1-10 TH
Distance	0.1-2 mm
Treatment area	1*1 - 20*20 mm

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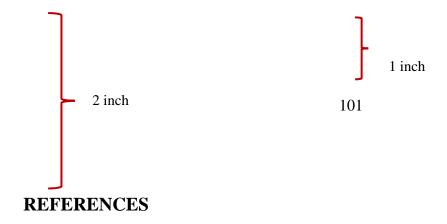
 Table 2.2 (continued)

Item	Feature
Pixel quantity	up to 40,401
Pixel size	> 100 micron
Cooling	Air Cooling
Optical guide	Articulated arm
Note Pt. for (patient), CAR for (C	Clinical Assessment of the Repigmentation)
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Source Manstein et al. (2010)	
<u> </u>	pacing 24 pt
If you have note/source in figure order Note Source	Spacing 24 pt
	CICU RF CO2 Laser Device
	Spacing 24 pt

After this relatively short period of follow up, the results, in conclusion, showed patient satisfaction score 16.7% (1 patient) were really satisfied, 66.7% (4 patients) were slightly satisfied and 16.7% (1 patient) with poor satisfaction.

REFERENCES

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Abadias, M., Alegre, I., Oliveira, M., Altisent, R., & Viñas, I. (2012). Growth potential of Escherichia coli O157:H7 on fresh-cut fruits (melon and pineapple) and vegetables (carrot and escarole) stored under different conditions. *Food Control*, 27(1), 37-44.

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- Coates, K. S. (2015). The road to economic stability for aboriginal people. https://www.macdonaldlaurier.ca/files/pdf/MLICommentaryCoates05-15-WebReadyV2.pdf
- Grady, J. S., Her, M., Moreno, G., Perez, C., & Yelinek, J. (2019). Emotions in storybooks: A comparison of storybooks that represent ethnic and racial groups in the United States. *Psychology of Popular Media Culture*, 8(3), 207–217. https://doi.org/10.1037/ppm0000185
- Harris, L. (2014). *Instructional leadership perceptions and practices of elementary school leaders* [Unpublished doctoral dissertation]. University of Virginia.
- He, J., Ren, Y., Chen, C., Liu, J., . . . Pei, Y. (2016). Defense responses of salicylic acid in mango fruit against postharvest anthracnose caused by Colletotrichum gloeosporioides and its possible mechanism. *Journal of Food Safety*, *37*, 1–20.
- Kumah, P., Appiah, F., & Opoku-Debrah, J. K. (2011). Effect of hot water treatment on quality and shelf-life of Keitt mango. *Agriculture and Biology Journal of North America*, *2*(5), 806–817.
- Maddox, S., Hurling, J., Stewart, E., & Edwards, A. (2016, March 30—April 2).

 If mama ain't happy, nobody's happy: The effect of parental depression on mood dysrégulation in children [Paper presentation]. Southeastern Psychological Association 62nd Annual Meeting, New Orleans, LA, United States.



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Sapolsky, R. M. (2017). *Behave: The biology of humans at our best and worst.*Penguin Books.

Torino, G. C., Rivera, D. P., Capodilupo, C. M., Nadal, K. L., & Sue, D. W. (Eds.).

(2019). *Microaggression theory: Influence and implications*. John Wiley & Sons. https://doi.org/10.1002/9781119466642

Weinstock. R., Leong, G. B., & Silva. J. A. (2003). Defining forensic psychiatry: Roles and responsibilities. In R. Rosner (Ed.). *Principles and practice of forensic psychiatry* (2nd ed., pp. 7–13). CRC Press.

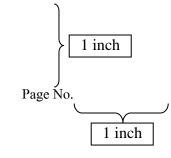
APPENDIX

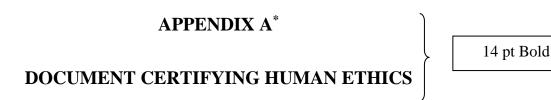
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APPENDICES

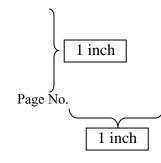
for many appendices





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APPENDIX B

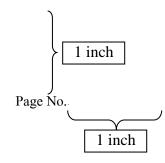
CLINICAL ASSESSMENT OF REPIGMENTATION FORM

Assessment of Repigmentation (CAR)

Please indicate your choice by applying (X);

Patient no. 1						
Lesion no. 1						
Rate of	0%	1 - 24%	25 - 49%	50 - 74%	75 - 99%	100%
Repigmentation						

Patient no. 2						
Lesion no. 1						
Rate of	0%	1 - 24%	25 - 49%	50 - 74%	75 - 99%	100%
Repigmentation						



APPENDIX C

CLINICAL ASSESSMENT OF REPIGMENTATION FORM

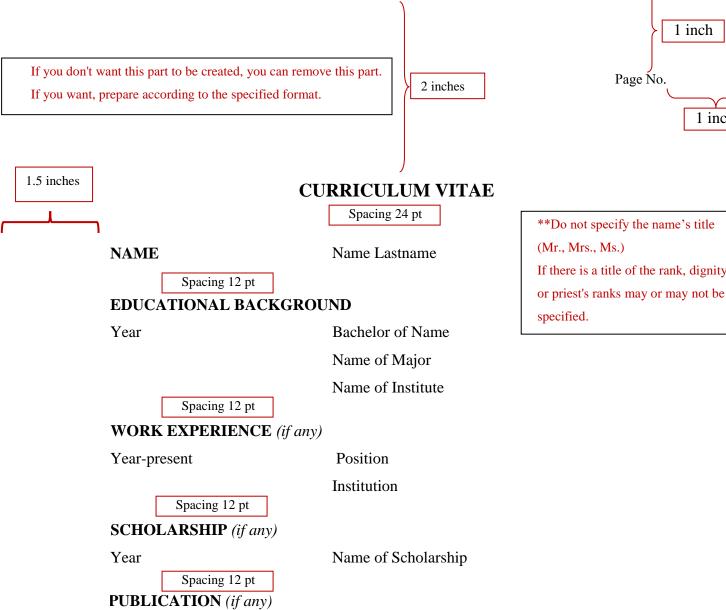
Assessment of Repigmentation (CAR)

Please indicate your choice by applying (X);

Patient no. 1						
Lesion no. 1						
Rate of	0%	1 - 24%	25 - 49%	50 - 74%	75 - 99%	100%
Repigmentation						

Patient no. 2						
Lesion no. 1						
Rate of	0%	1 - 24%	25 - 49%	50 - 74%	75 - 99%	100%
Repigmentation						





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Abadias, M., Alegre, I., Oliveira, M., Altisent, R., & Viñas, I. (2012). Growth potential of Escherichia coli O157:H7 on fresh-cut fruits (melon and pineapple) and vegetables (carrot and escarole) stored under different conditions. Food Control, 27(1), 37-44.