

Please fill in as much information as possible in the form below.

General Information and Background

| | |
|--------------------------------------|--|
| Laser Serial Number: | Date of Manufacture: |
| Laser Owner (Hospital): | Under Warranty? <input type="radio"/> Yes <input type="radio"/> No |
| User Contact: | Phone Number: |
| E-mail: | Technician: |
| By whom was the laser last serviced? | When was the laser last serviced? |
| Current Service Location: | Under Service Contract? <input type="radio"/> Yes <input type="radio"/> No |
| Plug type: | |

Additional Comments: *(Note any recent issues and their resolutions.)*

Laser Use Information

| | |
|--|---|
| Pulse Width Mode: <input type="radio"/> Short <input type="radio"/> Long | Repetition Rate (Hz): <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 10 <input type="radio"/> 12 <input type="radio"/> 15 <input type="radio"/> 20 |
| Pulse Energy: | Fiber Size(s) Used (µm): |
| Total Energy Delivered: | Total Time: |
| | <input type="radio"/> 150 <input type="radio"/> 200 <input type="radio"/> 273 <input type="radio"/> 365 <input type="radio"/> 550 <input type="radio"/> 940 |

In what operational state(s) was the laser when the issue occurred? ☐ Standby ☐ Transition ☐ Ready ☐ Preparatory ☐ Lasing

Note any error code(s) that were present:

General Description of Issue



H-30™ HOLMIUM LASER SERVICE REPORT (CONTINUED)

Work Performed (Include Troubleshooting)

Final Resolution

Form Completed by:

Date: