

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

General Information and Background

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| Laser Serial Number: | Date of Manufacture: |
| Laser Owner (Hospital): | Under warranty? <input type="radio"/> Yes <input type="radio"/> No |
| User Contact: | Phone: |
| E-mail: | Technician: |
| Who last serviced the laser? | When was the laser last serviced? |
| Current Service Location: | Under service contract? <input type="radio"/> Yes <input type="radio"/> No |
| Additional Comments (Note plug type during initial installation or any other recent issues and resolution.) | |

Laser Use Information at Time of Issue

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| 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: | <input type="radio"/> 150 <input type="radio"/> 200 <input type="radio"/> 273 <input type="radio"/> 365 <input type="radio"/> 550 <input type="radio"/> 940 |
| Total Time: | |
| In which operational state(s) was the laser when issue occurred? <input type="radio"/> Standby <input type="radio"/> Transition <input type="radio"/> Ready <input type="radio"/> Preparatory <input type="radio"/> Lasing | |
| Any Error Code(s) Present | |

General Description of Issue

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Describe Any Action Taken Following the Issue

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