

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:
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

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

Describe Any Action Taken Following the Issue