



Procedure: _____

Date: (day/month/year) ____/____/____

Service: _____

Location: GA146

SURGEONS:

- Dr. Robert Bard
- Dr. Brian Peters
- Dr. Eric Saltel
- Dr. Jeff Saranchuk
- Dr. Premal Patel
- Other: _____

LASER IDENTIFICATION:

Manufacture: Olympus
 Model: Soltive SuperPulsed Laser TFL-PLS

PROTECTIVE MEASURES:

Laser sign displayed YES
 Eye Protection on: Patient YES
 Staff YES
 Extra Outside YES

VERIFY LASER DELIVERY SYSTEM QUALITY, USING THE GREEN AIMING BEAM:

New:
 Integrity: Intact
 Focusing Tip: Acceptable Circular Pattern
 Wave Length: Thulium: 1920-1960 nm

MODE: PULSED
 Energy (J): _____
 Rate: (Pulse/Sec): _____
 Power: (W): _____
 Total Energy (KJ): _____
 Comments: _____

PROCEDURE: _____

NO.
 PATIENT
 DOB
 PROV HC#
 DOCTOR
 CLINIC/UNIT

Serial Number: MDUF230052

Installed: October 3, 2023

FIBRE LASER DELIVERY SYSTEMS:

Disposable
 200 Fibre Laser
 272 Fibre Laser
 365 Fibre Laser
 550 Fibre Laser

Re-Usable:
 1000 Fibre Laser

LASER USE:

Total time: _____

Reminder to IMMEDIATELY recap the laser Connector when disconnecting the laser delivery system.

***Reminder that DuoTome CANNOT be steamed**

UNUSUAL INCIDENT:

YES.....INCIDENT REPORT COMPLETED
 NO.....

Laser Operator: Name(printed):

Signature: