# LASER PROCEDURES LOG

| DATE OF PROCEDURE | PATIENT NUMBER | PATIENT NAME | AGE | SEX | PHYSICIAN | TYPE OF ANESTHESIA | LASER NURSE | CHECK LIST OF SAFETY PRECAUTIONS | | DIAGNOSIS | |
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**FORM G-163**

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*PLEASE NOTE:*
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# LASER PROCEDURES LOG

| | PROCEDURE PERFORMED | TYPE OF LASER USED | MODE/ WATTS | LENS USED | LASER TIME | PULSE DURATION | NUMBER OF APPLICATIONS | COMMENTS - COMPLICATIONS - OBSERVATIONS |
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