

List all laser services and applications offered (ie.Laser, Pulse Light or Radio Frequency):

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Names of People Providing Laser Treatments	Years of Education	Yrs of Experience	Any prior claims against individual, details

Complete this section for all laser machines, if hand pieces please list these separately

Make	Model	Age	Replacement Cost

Hand devices used:

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**Additional Information:**

Gross Receipts from laser treatments? \_\_\_\_\_

Is a patch test completed 24 or more hours prior to laser treatments? \_\_\_\_\_

Does client wear protective eyewear during procedures? \_\_\_\_\_

Do you wear surgical gloves? \_\_\_\_\_

Do you keep copies of clients service records?    Yes        No    If yes for how many years? \_\_\_\_\_

Is a waiver signed?    Yes        No    Please attach copy for our file. How many years are the waivers kept? \_\_\_\_\_

What precare information do you provide clients? Please attach copy for our file.  
\_\_\_\_\_

What post care information do you provide clients? Please attach copy for our file.  
\_\_\_\_\_

What is the minimum age of clients for laser treatments? \_\_\_\_\_

If under 18 do parents accompany them at all times? \_\_\_\_\_

How often do you calibrate your machines? \_\_\_\_\_

Do you provide any off site laser treatments?    Yes        No    If yes, please describe locations, methods, frequency, etc.  
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