Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101 Procedures Using Lasers or Other Modalities Affecting Living Tissue Adverse Event Report Form			
Name:		AL License #	
Address:Street	City	State	Zip
Physician Specialty:			
Date of Procedure:	Type of Procedure:		
Type of Device or Modal	ity Used:		
Name & Title of Person F	Performing Procedure:		
Date of Adverse Event: _			
Indicate Adverse Event: _			
Patient Hospitalized: Ye Patient Outcome: Fu	es No lll Recovery Disability	_ Death ** Pending _	
** If patient outcome is pending, pleas	se provide a follow-up report within 14 days o	f the patient's discharge and/or recov	ery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.

I swear (affirm) that the information set forth on this Laser/Other Modalities Affecting Living Tissue Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to the Board Secretary at the above listed address. *

Signature of Physician: _____ Date: _____