

Company Name

Name: Fname Lname
Chart #: /SharedID
DOB: /DOB
Age: /Age
Date: /Today
Referring Physician:

=====

Indigo Laser Treatment Chart

Place of Service: _____

Urologist: _____

Prev. Irr. Symp. (Y/N) _____ Describe _____

Prostate size: _____

Retention (Y/N) _____

Bleeding: _____

Video (Y/N) _____

Catheter size: _____

of fibers used _____ Antibiotics: _____

Anesthesia: _____

Surgical time: _____

Alpha Blockers (Y/N) _____

1 stick, 2 treatments used (Y/N) _____

Other: _____

Fiber Placement Record

1st _____ Joules _____
2nd _____ Joules _____
3rd _____ Joules _____
4th _____ Joules _____
5th _____ Joules _____
6th _____ Joules _____
7th _____ Joules _____
8th _____ Joules _____

Total Joules: _____