

Alabama Board of Medical Examiners
P.O. Box 946
Montgomery, Alabama 36101-0946
User of Lasers and Other Modalities Affecting Living Tissue

PHYSICIAN REGISTRATION FORM

Name: _____ AL License # _____

Address _____
Street City State Zip

Does your office-based laser practice include the use of laser delegates? _____
Yes No

Does your office-based laser practice include ablative lasers? _____
Yes No

List the lasers currently in use in your office-based laser practice:

Will your office-based laser practice involve a remote site away from the principal office site?

_____ _____
Yes No

I swear (affirm) that the information set forth on this office-based laser surgery/procedures registration 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.

Signature of Physician _____

Date: _____