

Notice: You must have this form with you to be seen for you appointment

GROSSNICKLE EYE CENTER

4330 Edison Lakes Parkway

Mishawaka, IN 46545

573-271-0120

BASELINE EXAM FOR LASER USE

APPOINTMENT AUTHORIZATION

FOAPAL (Required):					
	Fund	Organization	Account	Program	
Employee Name:					
Department:					
TREATMENT AUTHORIZED BY:					
PI/Supervisor Name: _					
Department:					
Signature:				Date:	
EYE EXAM COMPLETED BY GROSSNICKLE EYE CENTER ON (DATE)					
Signature of Grossnickle Representative:					

AFTER EXAM IS COMPLETED, AND FORM IS SIGNED, FAX OR EMAIL TO NOTRE DAME OFFICE OF RISK MANAGEMENT AND SAFETY.

Fax: 574-631-8794	Email: mdomal@nd.edu		
Creation Date: June 2013	Lase		

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Laser/UV Light Sources Safety RAD01 Owner: Radiation Safety Officer