

# laservision

Company
Contact
Street
Postal-Code/City/Country
T
F
E

Please return to fax: <b>+49 911 9736-8199</b> Per e-mail to: <b>info@lv.com</b>
Name of the laser manufacturer:
Model name of the laser:

„Wir erheben, speichern und verwenden Ihre Daten ausschließlich zur Bearbeitung Ihres Anliegens. Für weitere Informationen sehen Sie bitte unsere [Datenschutzerklärung](#).“

- Please quote: Eyewear for Doctors**       **Assistance**       **Patients**
- Full protection acc. EN 207:
- adjustment acc EN 208 (only possible for visible lasers at 400 – 700 nm)
- I need an eyewear for each laser and wavelength
- I need a combi eyewear for all lasers and wavelength, if possible

LASER / Application	Dental	Dermatology	Surgery	VET
Diode 810nm <input type="checkbox"/> 940nm <input type="checkbox"/> 980nm <input type="checkbox"/>				
Nd:YAG 1064nm <input type="checkbox"/>				
Erb:YAG 2940nm <input type="checkbox"/>				
Ruby-Laser 694nm <input type="checkbox"/>				
Alexandrit 755nm <input type="checkbox"/>				
CO <sub>2</sub> 10600nm				
Holmium-Laser 2080nm <input type="checkbox"/>				
Thulium-Laser 2000nm <input type="checkbox"/>				
525nm <input type="checkbox"/>				
additional wavelength:				

- Please quote: window films**       **curtains**       **E25-modular barrier system**

**dimensions: H: ..... W: ..... Depth: .....**

- Please share information about EYEPRO: Application for the identification of protection level to DIN/EN 207/208