



Laser Cavity Worksheet

Your Name: _____ Company Name: _____
Phone: _____ x _____ Fax _____
E-mail _____

Please give us as much information as you can:

Type of Laser _____
Active Medium: _____
Dimensions of Laser Rod _____
Lamp Dimensions: _____

Known or Desired Laser Parameters

Energy/Pulse _____ (joules)
Repetition Rate: _____ (Hz)
Average Power: _____ (pulsed/CW watts)
Transverse Mode Structure: _____
Temporal Structure: _____ (pulse duration)
Beam Diameter: _____ (mm)
Beam Divergence: _____ (r)
Flash or arc lamp: _____
Pumping Electronics: _____
Cooling: _____ (water,air, pressure, temp)
Type of Trigger: _____ (series, parallel, other)
Mounting Arrangement: _____
Weight/size Constraints: _____ (supply drawing)
Laser Duty Cycle: _____ (hrs./week)
Operational Environment: _____ (medical,industrial)
Notes: