|  |  |  |
| --- | --- | --- |
| **No.** | **Technical Specifications** | **Min KAUH Requirement** |
| 1 | Manufacturer | Please specify manufacturer and country of origin |
| 2 | Model Number | Please specify model number of the offered equipment |
| 3 | Safety Standard | FDA approval or CE marking |
| 4 | Scanning modes | * Standard
* Micropulse
 |
| 5 | Application | * Acne and acne scar removal
* Skin renewing and and surgery scars
* Smooth burnt scars and surgery scars
* Remove intractable chloasmas and pigmentation
* Sun damage recovery
* Stretch mask removal
 |
| 6 | Laser Type | CO2 |
| 7 | Wavelength | 10.6 µm |
| 8 | Power In Tissue | 30W |
| 9 | Scanning area Size Variable scanner shape patterns | To be mentioned |
| 10 | Spot Size | 350 µm or better |
| 11 | Cooling system | Air |
| 12 | Laser tube Type | Metal |
| 13 | Pulse Length | From 0.2 ms to 80 ms |
| 14 | Repeat frequency:  | 5 -100 Hz |
| 15 | Fractional Density  | 0.2 - 2.0 mm |
| 16 | Output display type | LCD screen ,touch screen |
| 17 | Power requirements | 220-240V 50 Hz |