

General Statute 104E-7 (4) requires registration of all X-ray units. Registration fees are due upon registration and annually thereafter on July 1. **"Not in Use Units" must be registered – these units** remain subject to annual fees.
When units have been disposed, use delete form to update registration.

Equipment Form - Healing Arts

Medical, Physicians, Dental, Podiatry, Chiropractic, Veterinary
This registration form is for radiation machines used for human / animal use

1. Registration # (Required)	Facility Name
Facility Address	

<input type="checkbox"/> New Facility, Pending Registration	If Checked, submit business application with this document
<input type="checkbox"/> Change of Ownership	
<input type="checkbox"/> Currently Registered & Moved to New Location	
<input type="checkbox"/> Currently Registered & Update Equipment Information Only	If Checked, only submit this document

LIST INFORMATION FOR EACH UNIT INCLUDE EACH UNIT NOT IN USE

2. Unit Location	Unit Manufacturer	Unit Model	Unit Control Serial Number	# of Tubes	Install Date

Column (A) Unit Modality	Column (B) Unit Application	Unit Type			Unit Use							Not in Use (If Checked review item #3 below)		
		Mobile Vehicle	Out of State	Leased	Hand-Held	Mobile / Portable	Interventional	Urology	Medical Non-Human Use	Research Human Use	Research Non-Human Use			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Enter information below if NOT IN USE units are stored at a location different from the business address:

Individual/Business: _____ Phone Number: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

4. INSTALLER INFORMATION: Any company offering to sell (on-line and catalog) or provide equipment services must be registered with this agency.

Individual/Business: _____ Phone Number: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

5. THE LEGAL OWNER OR AUTHORIZED DESIGNEE MUST SIGN to CERTIFY ALL INFORMATION ON THIS APPLICATION IS ACCURATE & COMPLETE:

Date: _____ Print Name: _____ Signature: _____ Title: _____

(A) Unit Modality	(B) Unit Application
Dental	Extra Oral Units Only
1010 Intraoral	A Intraoral <i>May have one or more codes to enter in Column B above</i>
1020 Extra Oral	B Panorex
	C Cephalometric
	D CBCT

Bone Density	
1110	DEXA (dual energy x-ray absorptiometry)
1120	pDXA (peripheral dual energy x-ray absorptiometry)
1130	pQCT (peripheral quantitative computed tomography)

Unit Not Listed	
9999	Describe:

Radiography	
1310	General
1320	Chiropractic
1330	Podiatry
1340	Radio / Fluoro
Fluoroscopy	
1410	C-Arm
1420	Mini C-Arm
1430	Bi-Plane
1440	O-Arm
Computed Tomography (CT)	
1510	CT
1520	Mini CT
1530	PET / CT
1540	SPECT / CT
Miscellaneous	
1610	EOS

(A) Unit Modality	(B) Unit Application
Cabinet Radiography	Cabinet Radiography
3300 Cabinet Radiography	4320 Irradiator
	4330 Specimen Cabinet

(A) Unit Modality	(B) Unit Application
Therapy (Choose One)	Therapy (Choose One)
1710	CT
1720	CBCT
1730	Linear Accelerator
1740	Radiographic
1750	Fluoroscopy
1760	PET / CT
1770	SPECT / CT
1780	Electronic Brachytherapy
1781	Superficial Therapy (<150 kVp)
	2710 Simulator
	2720 kV Imaging
	2730 Radiosurgery
	2740 Conventional
	2750 Therapy