

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

<b>1. Registration # (Required)</b>	<b>Facility Name</b>
<b>Facility Address</b>	

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

**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"/>										

**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
<b>Dental</b>	<b>Extra Oral Units Only</b>
<b>1010</b> Intraoral	<b>A</b> Intraoral
<b>1020</b> Extra Oral	<b>B</b> Panorex
	<b>C</b> Cephalometric
	<b>D</b> CBCT

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

Unit Not Listed	
<b>9999</b>	Describe:

Radiography	
<b>1310</b>	General
<b>1320</b>	Chiropractic
<b>1330</b>	Podiatry
<b>1340</b>	Radio / Fluoro

Fluoroscopy	
<b>1410</b>	C-Arm
<b>1420</b>	Mini C-Arm
<b>1430</b>	Bi-Plane
<b>1440</b>	O-Arm

Computed Tomography (CT)	
<b>1510</b>	CT
<b>1520</b>	Mini CT
<b>1530</b>	PET / CT
<b>1540</b>	SPECT / CT

Miscellaneous	
<b>1610</b>	EOS

(A) Unit Modality	(B) Unit Application
<b>Cabinet Radiography</b>	<b>Cabinet Radiography</b>
<b>3300</b> Cabinet Radiography	<b>4320</b> Irradiator
<b>3310</b> Cabinet Radiography (Mammo Only)	<b>4330</b> Specimen Cabinet

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