

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 Mammography

This registration form is for radiation machines used for human / animal use

1. Registration #: (REQUIRED)						FDA # for Each Certified Unit	Column (A) Unit Modality	Column (B) Unit Application	CHECK ALL APPLICABLE BOXES FOR EACH UNIT LISTED																			
Facility Name:									3D Add-On	Stereo Add-On	Mobile	Needle Loc. Biopsy	Research Human Use	Research Non-Human Use	Education	Out of State	Not in Use (if checked review item #3)	Mammo Only Facility										
Facility Address:																												
<input type="checkbox"/> New Facility, Pending Registration <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Currently Registered & Moved to New Location																			If checked, submit business application with this document									
<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																							
						<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 catalogue) 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) Modality		(B) Application	
Mammography		Mammography	
1800	Mammo	2800	FFDM
		2810	DBT
		2820	CR
1810	Stereotactic		

(A) Modality	
Bone Density (1100)	
1100	DEXA (dual energy x-ray absorptiometry)
1120	pDXA (peripheral dual energy x-ray absorptiometry)
1130	pQCT (peripheral quantitative computed tomography)

Unit Not Listed	
9999	Explain:

(A) Modality		(B) Application	
3300	Cabinet Radiography	4300	Specimen Cabinet