

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

|  |  |                          |  |                   |  |  |   |  |  |   |  |  |   |  |  |  |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--|--------------------------|--|-------------------|--|--|---|--|--|---|--|--|---|--|--|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>1. Registration #: (REQUIRED)</b>   |  |                          |  |                   |  | <b>FDA #<br/>for Each<br/>Certified<br/>Unit</b> | <b>Column<br/>(A)<br/>Unit<br/>Modality</b> | <b>Column<br/>(B)<br/>Unit<br/>Application</b> | <b>CHECK ALL APPLICABLE BOXES FOR<br/>EACH UNIT LISTED</b> |   |  |  |   |  |  |  |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Facility Name:</b>  |  |                          |  |                   |  |  |   |  | <b>FDA #<br/>for Each<br/>Certified<br/>Unit</b>           | <b>Column<br/>(A)<br/>Unit<br/>Modality</b> | <b>Column<br/>(B)<br/>Unit<br/>Application</b> | <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"/> |                          |                          |                          |                          |                          |                          |
| <b>Facility Address:</b>   |  |                          |  |                   |  |  |   |  |  |   |  | <b>FDA #<br/>for Each<br/>Certified<br/>Unit</b> | <b>Column<br/>(A)<br/>Unit<br/>Modality</b> | <b>Column<br/>(B)<br/>Unit<br/>Application</b> | <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"/> New Facility, Pending Registration<br><input type="checkbox"/> Change of Ownership<br><input type="checkbox"/> Currently Registered & Moved to New Location |  |                          |  |                   |  |  |   |  |  |   |  |  |   |  | <b>FDA #<br/>for Each<br/>Certified<br/>Unit</b> | <b>Column<br/>(A)<br/>Unit<br/>Modality</b>    | <b>Column<br/>(B)<br/>Unit<br/>Application</b> | <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"/> Currently Registered & Update Equipment Information Only  |  |                          |  |                   |  |  |   |  |  |   |  |  |   |  |  |  |  | <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"/> |
| <b>LIST INFORMATION FOR EACH UNIT INCLUDE EACH UNIT NOT IN USE</b>   |  |                          |  |                   |  |  |   |  |  |   |  |  |   |  |  |  |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>2. Unit Location</b>  |  | <b>Unit Manufacturer</b> |  | <b>Unit Model</b> |  | <b>Unit Control Serial Number</b>                |   | <b># of Tubes</b>                              |  | <b>Install Date</b>                         |  | <b>FDA #<br/>for Each<br/>Certified<br/>Unit</b> |   | <b>Column<br/>(A)<br/>Unit<br/>Modality</b>    |  | <b>Column<br/>(B)<br/>Unit<br/>Application</b> |  | <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"/> | <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    |      |
|--------------------|--------------|--------------------|------|
| <b>Mammography</b> |              | <b>Mammography</b> |      |
| <b>1800</b>        | Mammo        | <b>2800</b>        | FFDM |
|                    |              | <b>2810</b>        | DBT  |
|                    |              | <b>2820</b>        | CR   |
| <b>1810</b>        | Stereotactic |                    |      |

| (A) Modality               |  |
|----------------------------|--|
| <b>Bone Density (1100)</b> |  |
| <b>1100</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>     | <b>Explain:</b> |
|                 |                 |

| (A) Modality |                                  | (B) Application |                  |
|--------------|----------------------------------|-----------------|------------------|
| <b>3310</b>  | Cabinet Radiography (Mammo Only) | <b>4300</b>     | Specimen Cabinet |