

RADIOLOGICAL EQUIPMENT REGISTRATION FORM

Note: When listing the “Location” of the Control Panel, please use the following example: OP 1, OP 2, etc.

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|---|---|
| For Office Use Only REGISTRATION NO. | <u>MACHINE #1</u> <input type="checkbox"/> Intraoral Film <input type="checkbox"/> Extraoral Film <input type="checkbox"/> Combination Control Panel: Manufacturer: _____ Model: _____ Serial Number: _____ Control Panel's Physical Location: _____ Date Installed: _____ |
| For Office Use Only REGISTRATION NO. | <u>MACHINE #2</u> <input type="checkbox"/> Intraoral Film <input type="checkbox"/> Extraoral Film <input type="checkbox"/> Combination Control Panel: Manufacturer: _____ Model: _____ Serial Number: _____ Control Panel's Physical Location: _____ Date Installed: _____ |
| For Office Use Only REGISTRATION NO. | <u>MACHINE #3</u> <input type="checkbox"/> Intraoral Film <input type="checkbox"/> Extraoral Film <input type="checkbox"/> Combination Control Panel: Manufacturer: _____ Model: _____ Serial Number: _____ Control Panel's Physical Location: _____ Date Installed: _____ |
| For Office Use Only REGISTRATION NO. | <u>MACHINE #4</u> <input type="checkbox"/> Intraoral Film <input type="checkbox"/> Extraoral Film <input type="checkbox"/> Combination Control Panel: Manufacturer: _____ Model: _____ Serial Number: _____ Control Panel's Physical Location: _____ Date Installed: _____ |

Name of Owner(s) or Lessee(s) of Equipment: _____

Physical Location of Equipment: _____

| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|
| | | | |

Mailing Address of Owner(s) or Lessee(s) of Equipment (if different than physical location):

| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|
|----------------|------|-------|----------|

Telephone. No.: _____ Email: _____

Name(s) and License Number(s) of Dentist(s) where equipment is located:
