STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BOARD OF DENTAL EXAMINERS

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RADIOLOGICAL EQUIPMENT REGISTRATION FORM

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

<u></u>	o Z	MACHINE #1 ☐ Intraoral Film	☐ Extraoral Film ☐ Combination
se O	<u>N</u>	Control Panel:	
ice U	IRATI	Manufacturer: Mode	el: Serial Number:
For Office Use Only	REGISTRATION NO.	Control Panel's Physical Location: _	Date Installed:
nly Yu	Q	MACHINE #2	☐ Extraoral Film ☐ Combination
se O	_ _ 0	Control Panel:	
ice U	RATI	Manufacturer: Mode	el: Serial Number:
For Office Use Only	REGISTRATION NO.	Control Panel's Physical Location: _	Date Installed:
nly .	Ö	MACHINE #3 ☐ Intraoral Film	☐ Extraoral Film ☐ Combination
se O	_ <u>N</u> <u>O</u>	Control Panel:	
For Office Use Only	REGISTRATION NO.	Manufacturer: Mode	el: Serial Number:
O.	SIST	O and all December 11. Discriptions of	Data task Hart
For	RE	Control Panel's Physical Location: _	Date Installed:
nly	o S	MACHINE #4 ☐ Intraoral Film	☐ Extraoral Film ☐ Combination
se O	_ 	Control Panel:	
ce U	RAT	Manufacturer: Mode	el: Serial Number:
For Office Use Only	REGISTRATION NO.	Central Danel's Dhysical Leastion	Data Installad
For	R E	Control Panel's Physical Location: _	Date Installed:
omo.	of Owner	a) or Lagger(a) of Equipment:	
hvsic	al Location	s) or Lessee(s) of Equipment: of Equipment:	
		n of Equipment:Street Address	City State Zip Code
ailing	g Address	of Owner(s) or Lessee(s) of Equipmen	t (if different than physical location):
Street Address City			State Zip Code
elephone. No.:			Email:
ame/	s) and Lic	ense Number(s) of Dentist(s) where ed	nuipment is located: