

Mammography
Facility Letterhead

Date of Request

Division of Public and Behavioral Health
Radiation Control Program
675 Fairview Drive, Suite 218
Carson City, Nevada 89701

Re: Addition of Mammography Interpreting Physician under NAC 457

1. We request the addition of the following physician(s) to the list of physicians authorized to interpret mammograms for (insert your facility name and location(s)):

Dr. First Name Last Name

Dr. First Name Last Name

Dr. First Name Last Name

2. (insert your facility name) has in our possession the documentation to demonstrate the above named physicians meet the requirements found in NAC 457.345 and 21 CFR 900.12(a)(1).
3. (insert your facility name) will retain on file proof of qualifications for all interpreting physicians for inspection by Division of Public and Behavioral Health, Radiation Control Program as required by NAC 457.345 and 21 CFR 900.

Signature block of the submitting official
Signature of submitting official
Date signed.