Missouri Radiation Control Program--Bureau of Diagnostic Services
Application for Mammography Authorization

PO Box 570, Jefferson City MO 65102 Phone (573) 751-6083, FAX (573) 751-6158 Rev 03.13.13

In accordance with the requirements of the Missouri Mammography Authorization Law (192.760-192.766, RSMo)
Application is hereby made for registration and authorization for mammography services.

MRCP-Assigned Registration #		*Complete all fields below (even if N/A) and fax or email form to* ***MRCP@health.mo.gov***			
Mammography Facility Name				Mammo phone #	
Facility Address:				Facility Fax#	
City, State, Zip		County		E-mail	
Owned by/Parent Facility/Company:					
Primary Responsible Person(Mammo Dept Administrator/Radiology Manager):					
Lead Radiologist:		Physicist/Qualified Expert:		Mammography Contact	
Total # of Radiologists Reading Mammography Exams for facility:		Total # RT's Performing Mammography at this facility:			
Accreditation Status		FDA MQSA #:		Total Mammo Machines in use:	

Type of Authorization Applied For:

Mammography Equipment Data. (Note: Stereotactic and Needle Loc Only units DO require Authorization)

Location/Room# of Machine	Type of Machine	Manufacturer	Control Model	Control Serial Number	Date Manu (MM/YY)	Status

Use Area below for any needed **explanatory comments**.

I hereby certify that I am the facility owner, or an employee/agent authorized and directed to complete this form accurately: ☐ Electronic signature

Facility Contact Certifying This Form:	Title:	Date: