

Mammography  
Facility Letterhead

Date of Request

Nevada State Health Divison  
Radiological Health Section  
4150 Technology Drive, Room 300  
Carson City, Nevada 89706

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 Nevada State Health Divison, Radiological Health staff as required by NAC 457.345 and 21 CFR 900.

Signature block of the submitting official

Signature of submitting official

Date signed.