



P.O. Box 2448 • 7th Floor
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Specimen Form

Radiographic Systems

RH-F-45 01/2021

New Registration:

PAGE

OF

FACILITY	FACILITY ID NO.		TUBE REGISTRATION NO:		MACHINE	MAKE		
	NAME					MODEL		
INSPECTOR	NAME				SERIAL NO.			
	SIGNATURE				MAX. kVp		MAX. mA	ROOM NO.
	DATE							

[illegible]