



Texas Department of State Health Services

# LEAD INTERPRETING PHYSICIAN FORM

TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
 RADIATION SECTION - REGISTRATION UNIT  
 Mail Code 2003  
 P.O. Box 149347  
 Austin, Texas 78714-9347

Phone #: (737) 218-7110  
 Fax #: (512) 206-3787

Email: XRAYregistration@dshs.texas.gov

This form may be used to change the LIP for the facility. If you are making the same change on multiple certifications, list all applicable certification numbers.

## FACILITY INFORMATION

CERTIFICATION NUMBER: \_\_\_\_\_  
 Facility Name: \_\_\_\_\_  
 Facility Address: \_\_\_\_\_

## LEAD INTERPRETING PHYSICIAN INFORMATION

*Submit complete credentialing packet for LIP.*

Lead Interpreting Physician (LIP) name: \_\_\_\_\_  
 LIP's email address: \_\_\_\_\_  
 LIP's phone number: \_\_\_\_\_

## SIGNATURES

### LEAD INTERPRETING PHYSICIAN:

I certify that I have read and understand Title 25, Texas Administrative Code, Section 289.230, titled *Certification of Mammography Systems and Mammography Machines Used for Interventional Breast Radiography*. I certify that I am qualified to serve, agree to serve, and will carry out those duties and responsibilities of the Lead Interpreting Physician of the Applicant, pursuant to 25 TAC §289.230.

\_\_\_\_\_  
 Signature of designated Lead Interpreting Physician

\_\_\_\_\_  
 Date

### RADIATION SAFETY OFFICER, PRESIDENT, CEO, COO, CFO, PARTNER, OR OWNER:

I acknowledge that the individual listed above is qualified to serve as, and carry out the duties and responsibilities of the Lead Interpreting Physician for this registration.

\_\_\_\_\_  
 Printed name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Correspondence will be sent to the email address on file for the Radiation Safety Officer. Ensure that the email address is monitored.**