APPLICATION FOR NUCLEAR MEDICINE SERVICE

Reply to:

_____
HOSPITAL NAME

1. Name and board eligibility or certification status and other qualifications of physician responsible for the service:

_____

_____

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_____

2. Name and experience of radiological physicists available to the service: _____

_____

_____

_____

_____

3. Number of technologists available to the service: _____

4. Briefly describe scope of services provided: _____

_____

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_____

5. Number of patient evaluations annually: _____