

REQUEST FOR THE USE OF X-RAYS FOR SCREENING

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Physician(s) reading films \_\_\_\_\_

Alabama physician approving x-ray screening \_\_\_\_\_

Physician statement as to why such screening is required for the group(s) to be x-rayed should be attached. This should include appropriate literature references, any morbidity rates, and other pertinent data justifying the need for such procedure.

Identify groups of individuals who are to be x-rayed (include locations and estimated dates) \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_

This request will be referred to the Medical Radiation Advisory Committee. You will receive a copy of this application when your project is approved or disapproved. If rejected, you have the right of appeal and should contact the Agency for details.

Approved \_\_\_\_\_ Date \_\_\_\_\_  
State Health Officer

Disapproved \_\_\_\_\_  
State Health Officer