



Texas Department of State
Health Services

LEAD INTERPRETING PHYSICIAN FORM

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIATION SECTION - MAMMOGRAPHY BRANCH

Mail Code 1986
P.O. Box 149347
Austin, Texas 78714-9347

Phone #: (737) 218-7087

Fax #: (512) 206-3787

Email: MammographyBranch@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: M

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: _____ LIP's License 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.