

Bureau of Radiological Health Notice of Change Form

Type of Change:

- Ownership
- New Authorized Representative
- New Address
- Facility Name Change
- Facility Relocation

Type of Facility:

- Dental
- Veterinary
- Podiatry
- Medical /Chiropractic
- Service Provider

Date of Change:	
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Current / Past Facility Information	New / Future Facility Information
Name	Name
Street	Street
City State Zip	City State Zip
Telephone	Telephone
IHHS Registration #	IHHS Registration #
EIN	EIN
Current/Past Authorized Representative	New Authorized Representative
Contact Person	Contact Person
Telephone	Telephone
Email	Email
Email all correspondence to	

Mailing to Address:

Iowa Department of Health and Human
Services Bureau of Radiological Health
Lucas State Office Building, 5th Floor
321 East 12th ST
Des Moines, IA 50319

Email to Address:

radhealthia@hhs.iowa.gov

My signature on this form affirms that the information I have provided on this request is true and accurate. I have truthfully represented my facility in this change of ownership request.

Signature

Date

Please Print Your Name Clearly