Radiology Imaging Equipment Usage Authorization Form

Facility Name
Department
Operator Name
Operator ID / Employee Number
Imaging Equipment
Model
Location of Equipment
Location of Equipment
Type of Usage
Purpose/Indication for Imaging
Duration of Authorized Use (dates/times)
Special Instructions or Precautions

Approving Authority Name		
Title		
Signature of Approving	Authority	
Date		
Signature of Operator		
Date		