NF201C	<b>Notification Form</b> Change of medical radiological installation details or service type To be completed in conjunction with guidance published at <u>www.higa.ie</u>	Health Information and Quality Authority An tUdarás Um Fhaisnéis agus Cáiliocht Sláinte
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Section 1. Undertaking details		Original information	For official use
Undertaking name			
Undertaking <b>address</b>	Address line 1		
	Address line 2		
	County		
	Eircode		
Undertaking email address			
Undertaking contact number			
Number of medical radiological installations under the undertaking's remit			

Section 2. Medical radiological installation affected by the change							For official use	
Medical radiological	Medical radiological	Medical radiological installation service type						
installation <b>name</b>	installation <b>address</b> (include Eircode)	Dental	General Radiography	Radiotherapy	Nuclear Medicine	Interventional radiology/ cardiology	Computed Tomography	

Section 3. Change of medical radiological installation name		Date change will take effect	For official use
Medical radiological installation new name			

Section 4. Change of medical radiological installation address		Date change will take effect	For official use
Medical radiological installation <b>new address</b>			

Section 5. Change of medical radiological service type						Date change will take effect	For official use
Medical radiological installation new service type							
Dental	General Radiography	Radiotherapy	Nuclear Medicine	Interventional radiology/ cardiology	Computed Tomography		

Section 6. Declaration			For official use
I, the undersigned, declare as the undertaking/on behat to the best of my knowledge and belief.	alf of the undertaking that the information I have provided	in this notification form	is true
	Sole trader		
	Partner of the partnership		
Signed by (tick as appropriate)	Director of the company		
	Member of the committee of management or other controlling authority of an unincorporated body		
	Member of the board, directorate or other governance structure of the body corporate		
Name			
Job title			
Signature	Type your name in the signature field		
Date			