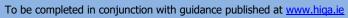
**NF201D** 

## **Notification Form**

## New medical radiological installation





Section 1. Undertaking details		For official use
Undertaking <b>name</b>		
Undertaking <b>address</b>	Address line 1	
	Address line 2	
	County	
	Eircode	
Undertaking <b>email address</b>		
Undertaking contact number		
<b>Number</b> of <b>existing</b> <sup>1</sup> medical radiological installations under the undertaking's remit		

<sup>&</sup>lt;sup>1</sup> Existing number means the number of medical radiological installations (facilities) under the remit of the undertaking **before** the declaration of the new medical radiological installation to HIQA.

Section 2. New medical radiological installation name						Date change will take effect	For official use	
	Medical radiologic	cal installation <b>nam</b>	ie					
	Section 3. New medical radiological installation address						Date change will take effect	For official use
Medical radiological installation <b>address</b>								
	Section 4. New	Date change will take effect	For official use					
Medical radiological installation service type								
	Dental	General Radiography	Radiotherapy	Nuclear Medicine	Interventional radiology/ cardiology	Computed Tomography		

For

Version 1 Page **2** of **4** 

Section 5. Designated mar	Date change will take effect	For official use			
Designated manager <b>name</b>	Designated manager <b>job</b> <b>title</b>	Designated manager <b>email</b> address	Designated manager contact number		

Version 1 Page 3 of 4

Section 6. Declaration						
I, the undersigned, declare as the undertaking/on behalf of the undertaking that the information I have provided in this notification for true to the best of my knowledge and belief.						
	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						
C: I						
Signature	Type your name in the signature field					
Date						

Version 1 Page 4 of 4