



Republic of the Philippines
Department of Health
Food and Drug Administration
**CENTER FOR DEVICE REGULATION,
RADIATION HEALTH, AND RESEARCH**



**CHECKLIST OF REQUIREMENTS FOR INITIAL ISSUANCE / RENEWAL OF
A LICENSE TO OPERATE (LTO) A MEDICAL X-RAY FACILITY**

<input type="checkbox"/>	1.	Duly accomplished x-ray application form (2 copies).
<input type="checkbox"/>	2.	License application fee (refer to the schedule of fees below). For mailed applications, Postal Money Order or Manager's Check shall be payable to the FOOD AND DRUG ADMINISTRATION (PMO Address: Alabang Muntinlupa).
<input type="checkbox"/>	3.	Photocopy of the Official Receipt of the personal dose monitor (film, TLD, or OSL) from the provider of personnel dose monitoring service. (FOR RENEWAL APPLICATION ONLY)
<input type="checkbox"/>	4.	Photocopy of the personal dose evaluation reports within the validity period of the previous license (FOR RENEWAL APPLICATION ONLY)
<input type="checkbox"/>	5.	Photocopy of the certificate of the radiologist for being a Fellow of the Philippine College of Radiology (FPCR) or Diplomate of the Philippine Board of Radiology (DPBR) and a <i>VALID</i> Professional Regulation Commission (PRC) license.
<input type="checkbox"/>	6.	Photocopy of the PRC board certificate and a <i>VALID</i> PRC license of the Radiologic/X-ray technologist.
<input type="checkbox"/>	7.	Certificate of training of the radiologic/x-ray technologist in radiation protection if he/she acts as the radiation protection officer.
<input type="checkbox"/>	8.	Certificate of training of the head of the facility in radiology if he is not a FPCR/DPBR for government facilities and in areas with no FPCR/DPBR within 45 km vicinity radius.
<input type="checkbox"/>	9.	Photocopy of valid notarized contract of employment of the Radiologist and Radiologic/X-ray technologist. The CDRRHR recommends that the contract be valid for at least one year.
<input type="checkbox"/>	10.	Duly filled-up and notarized affidavit of continuous compliance (FOR RENEWAL APPLICATION ONLY) .
<input type="checkbox"/>	11.	Photocopy of the business/mayor's permit or SEC/DTI registration of the facility (FOR INITIAL APPLICANTS AND RENEWAL APPLICANTS WITH NEW ADDRESS) .
<input type="checkbox"/>	12.	Photocopy of the latest License to Operate. (FOR RENEWAL APPLICATION ONLY) .
<input type="checkbox"/>	13.	Photocopy of a valid vehicle LTO registration (OR/CR). (FOR TRANSPORTABLE X-RAY FACILITIES ONLY)

Schedule of Fees (Section 1 of DOH Administrative Order No. 29, s. 2000)

No. of x-ray Machines	mA range	Initial /Renewal with 100% surcharge(PHP)	Renewal(PHP)	Renewal with 50% surcharge(PHP)	TOTAL FEE
	100 and below	800	400	600	
	101 up to 300	1100	550	825	
	301 up to 500	1400	700	1050	
	501 up to 700	1700	850	1275	
	greater than 700	2000	1000	1500	

Sections 12.3 and 12.4 of the DOH AO No. 124, s. 1992, penalties for late renewal of x-ray license are as follows:
50% surcharge if application for renewal is filed within three (3) months after the expiration of license
100% surcharge is application for renewal is filed after three (3) months after expiration of license

REMINDERS:

- 1. Incomplete requirements shall not be processed.**
- 2. For initial/renewal application, fee paid shall be forfeited when the facility fails to comply with the licensing requirements within 60 days upon proper notice from the CDRRHR. (Section 5 item no. 2 of the Bureau Order No. 005 s. 2005)**

IV Equipment Specifications (All x-ray equipment in diagnostic and/ or interventional radiology facility)

* Type	Name of Manufacturer	Brand		Model		Serial Number		Max. kVp	Max. mA	**Location
		Tube head	Control Console	Tube head	Control Console	Tube head	Control Console			

Please use separate sheet if necessary

* For Type, indicate whether

- Radiography (Mobile/Stationary)
- Mobile C-Arm Fluoroscopy
- Bone Densitometry
- Radio-fluoroscopy (Stationary)
- Lithotripsy
- Mammography
- Computed Tomography
- Simulator

** For Location, indicate location of x-ray machine such as :

- Radiology Department (Room 1,2,3 etc.)
- 1st Floor, 2nd Floor, etc.

V Name and qualifications of other radiologists and radiologic/x-ray technologists working in the diagnostic and/ or interventional radiology facility

Name	Designation	Qualification	PRC License	Validity	Signature

Please use separate sheet if necessary

VI Name and qualifications of other medical practitioners (i.e. nurses, cardiologist, interventionalist, etc.) working in the diagnostic and/or interventional radiology facility:

Name	Designation	Qualification	PRC License	Validity	Signature

Please use separate sheet if necessary

VII X-ray Service Category: (Tick appropriate radiology services)

General Radiography		
Level One x-ray facility which is capable of performing the following non-contrast radiographic examinations:		
<input type="checkbox"/> Chest for Heart and Lungs	<input type="checkbox"/> Vertebral Column	<input type="checkbox"/> Shoulder Girdle
<input type="checkbox"/> Extremities	<input type="checkbox"/> Localization of Foreign Body	<input type="checkbox"/> Thoracic Cage
<input type="checkbox"/> Skull	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Abdomen
Level Two x-ray facility which is capable of performing examinations done in the primary category and the following non-contrast and contrast radiographic examinations:		
<input type="checkbox"/> Upper G.I. series	<input type="checkbox"/> Esophagography[Ba. Swallow]	<input type="checkbox"/> Paranasal Sinuses
<input type="checkbox"/> Small Intestinal Series	<input type="checkbox"/> Pelvimetry	<input type="checkbox"/> Scoliotic Series
<input type="checkbox"/> Barium Enema	<input type="checkbox"/> Fetography	<input type="checkbox"/> Skeletal Survey
<input type="checkbox"/> Hysterosalpingography	<input type="checkbox"/> Cardiac Studies with Barium	<input type="checkbox"/> Imperforated Anus
<input type="checkbox"/> Oral Cholegraphy	<input type="checkbox"/> Myelography	<input type="checkbox"/> Intravenous Pyelography
Level Three x-ray facility which is capable of performing examinations done in the primary and secondary categories and the following invasive procedures:		
<input type="checkbox"/> Sinugraphy	<input type="checkbox"/> Tomography	<input type="checkbox"/> All Non-Cardiac Percutaneous Procedures
<input type="checkbox"/> Fistulography	<input type="checkbox"/> Pacemaker Implants	<input type="checkbox"/> Visceral & Peripheral Angiography
<input type="checkbox"/> Sialography	<input type="checkbox"/> Retrograde Cystography	<input type="checkbox"/> Operative & Post-operative Cholangiography
<input type="checkbox"/> Bronchography	<input type="checkbox"/> Cerebral Angiography	<input type="checkbox"/> Endoscopic Retro. Cholangio. Pancreatography
<input type="checkbox"/> Retrograde Urography		<input type="checkbox"/> Lymphography/Lympangiography
Specialized Diagnostic and Interventional X-ray Services		
<input type="checkbox"/> Computed Tomography	<input type="checkbox"/> Mammography	<input type="checkbox"/> Digital Subtraction Angiography
<input type="checkbox"/> Lithotripsy	<input type="checkbox"/> Bone Densitometry	<input type="checkbox"/> Percutaneous Transluminal Angioplasty
<input type="checkbox"/> Cardiac Catheterization		<input type="checkbox"/> Tumour Localization and simulation