



## 3.B.4 DENTAL (PANORAMIC/CEPHALOMETRIC AND CBCT)

| CHECKLIST OF REQUIREMENTS   | WHERE TO SECURE  |
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| <ol> <li>Proof of Business Name (SEC or DTI Registration or Mayor' Business Permit)<br/>(Initial &amp; 1<sup>st</sup> Renewal Application in the FDA Portal)</li> </ol>   | Mayor's office from the municipality where the facility is located/ Department of Trade and Industry/ Securities and Exchange Commission |
| <ol> <li>Proof of subscription to personal dose monitor (TLD or OSL) from authorized<br/>personal dosimetry service provider (Initial &amp; 1<sup>st</sup> Renewal Application in<br/>the FDA Portal)</li> </ol>  | DTI-PAB Accredited Personal Dosimetry Service<br>Providers   |
| <ol> <li>Valid professional regulation commission (PRC) license of all dentist/s and<br/>radiologic/x-ray technologist/s (Initial &amp; 1<sup>st</sup> Renewal Application in the FDA<br/>Portal)</li> </ol>  | Professional Regulation Commission   |
| <ol> <li>Certificate of training of the radiation protection officer (RPO) on radiation<br/>protection for radiation safety officers of dental x-ray facilities conducted by<br/>an organization recognized by CDRRHR (Initial &amp; 1<sup>st</sup> Renewal Application<br/>in the FDA Portal)</li> </ol> | Recognized training provider of FDA  |
| <ol> <li>If transportable, valid vehicle LTO registration (OR/CR) (Initial &amp; 1<sup>st</sup> Renewal<br/>Application in the FDA Portal)</li> </ol>   | Land Transportation Office   |
| <ol> <li>Machine Calibration Report duly signed by the Service Engineer (Initial &amp;<br/>Major Variation)</li> </ol>  | Service Engineer of the facility/ supplier/ third party service providers  |
| 7. Copy of the latest License to Operate (Renewal Only)   | Applicant  |