



ARIZONA RADIATION REGULATORY AGENCY  
4814 SOUTH 40<sup>TH</sup> STREET  
PHOENIX, ARIZONA 85040

NOTICE OF REGISTRATION CERTIFICATE  
FOR  
IONIZING RADIATION MACHINE

1. NAME OF REGISTRANT <b>UNIVERSITY PHYSICIANS SURGERY CENTER</b>	3. TYPE OF FACILITY <b>MEDICAL X-RAY</b>	
2. ADDRESS <b>750 North Alvernon Way Tucson, AZ 85711</b>	4. EXPIRATION DATE <b>September 30, 2011</b>	5. REGISTRATION NUMBER <b>10-M-3991</b>

REGISTRATION INFORMATION

**AMENDMENT #1 (Amend in entirety) See Supplemental Sheet**

6. MANUFACTURER Control:	7. MODEL NUMBER	8. SERIAL NUMBER
Tube:		

CONDITIONS

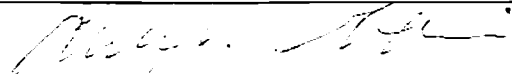
9. The Registrant shall notify the Arizona Radiation Regulatory Agency within thirty days of any change which renders the information contained in the application no longer accurate. A change in the ownership or possession of the x-ray source shall terminate this registration.
10. No person, in any advertisement, shall refer to the fact that a source of radiation is registered with the Arizona Radiation Regulatory Agency and no person shall state or imply that any activity under this registration has been approved by this Agency.
11. The Registrant shall comply with all applicable provisions of Arizona Radiation Regulatory Agency Rules.
12. The equipment registered is for the use stated in item 3 above.
13. This amendment replaces all previously issued registrations under the above registration number.

Reference

**ADD FLUOROSCOPIC C-ARM**

**POST IN ACCORDANCE WITH R12-1-1002**

The Registrant's installation and the non-licensed source of radiation are hereby duly registered pursuant to A.R.S. § 30-672 and in reliance on statements and representations heretofore made by the registrant in application dated September 10, 2001.

DATE <b>November 1, 2002</b> pmg	BY  AUBREY V. GODWIN, DIRECTOR
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