



OREGON BOARD OF MEDICAL IMAGING
800 NE Oregon Street – Suite 1160A
Portland, OR 97232-2162

Phone: (971) 673-0215 / Fax: 971-673-0218

Website: <http://www.oregon.gov/OBMI>

Email: OBMI.Info@state.or.us

Request to Add Anatomical Area(s)
Cost \$10.00

Put A Mark Next to the Anatomical Area(s) That You're Adding To Your Permanent LXMO Permit.
 (Mail this form and appropriate funds back to the Address Listed Above. Make Checks Payable to **OBMI**.)

- | | |
|--|--|
| <input type="checkbox"/> Skull / Sinus | <input type="checkbox"/> Extremities |
| <input type="checkbox"/> Spine | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Bone Density Equipment Operator |

You Must Attach A Photocopy of Your Course Completion and Practical Experience Certificate to this request.

Printed Certificate will Show My Current Mailing Address List Below.

Last Name	First Name	Middle Name	Maiden/ Other
Your Mailing Address	City	State	Zip Code
Permanent LXMO License Number	Home Telephone No.	Cell Phone No.	
Email Address	Social Security No. (Mandatory)		

I, the licensee am making a request to the Oregon Board of Medical Imaging to add additional anatomical area(s) to my Permanent LXMO Permit. I also am requesting a duplicate LXMO permit with these additional anatomical area(s) printed on it.

(Signature)

(Date)

<input type="checkbox"/> Core Module <input type="checkbox"/> Chest <input type="checkbox"/> Extremities <input type="checkbox"/> Skull / Sinuses <input type="checkbox"/> Bone Densitometry Equipment Operator	<input type="checkbox"/> Spine <input type="checkbox"/> Podiatry (For Office Use Only)	LEDS Verified:	Temp. License No.
			Permanent License No.