



Office of Health Assurance and Licensing

Source Address Change Request

PLEASE PRINT OR TYPE

Complete all fields

Registration Number			
Facility Name			
Previous Street Address 1			
Previous Street Address 2			
Previous City	State	Zip code	Ohio County
Number and type of tubes left at previous address			
NEW ADDRESS			
Effective Date of Move			
Facility Name			
Contact Phone Number			
Street Address 1			
Street Address 2			
City	State	Zip code	Ohio County

The new address is also my Mailing and Billing address

Mailing or billing addresses and all phone or fax numbers can be changed immediately through your ODH Gateway account.

Ohio Department of Health

Xray Registration

246 North High Street, Columbus, Ohio 43215

Telephone: (614) 995-4727

Fax: (614) 644-8526

e-mail: xrayreg@odh.ohio.gov