

**STATE OF WISCONSIN  
DEPARTMENT OF HEALTH SERVICES  
Division of Public Health**

**X-RAY FACILITY REGISTRATION PERMIT**

This facility is in compliance with the provisions of the Wisconsin Statutes and is hereby authorized to engage in the activity indicated above.

**Responsible Person: MEGAN MCSHEA MGR REGULATORY AFFAIRS & COMPLIANCE**

<b>THIS PERMIT IS NON-TRANSFERABLE.</b>	EXPIRATION DATE December 31, 2026	REGISTRATION NUMBER MED6388
MAILING (Responsible Person Contact) ADDRESS:  VERSITI WISCONSIN INC 3450 N MERIDIAN ST INDIANAPOLIS, IN 46208	FACILITY'S PHYSICAL LOCATION:  VERSITI WISCONSIN INC 638 N 18TH ST MILWAUKEE, WI 53233-2121	

**DO NOT DISCARD.**

**THIS IS YOUR X-RAY FACILITY REGISTRATION PERMIT.**

- All sites having ionizing radiation devices must register with the department as required under Wisconsin Administrative Rule DHS 157.86. The department will issue a registration permit that must be posted on-site in accordance with DHS 157.88(1)(a)5. When displayed, this document may be folded into thirds (8-1/2 x 3-1/4).
- In accordance with DHS 157.86(1)(a)7., any change in registration information shall be submitted to the department within 30 days after the change takes place. No fee is required for recording changes in registration information. Please use the online registration form on our website to provide the changes <https://www.dhs.wisconsin.gov/radiation/xray> or mail changes to our address below.
- Upon a change of ownership, the new owner must submit a new online change of ownership which can be found at our website: <https://www.dhs.wisconsin.gov/radiation/xray> or mail changes to our address below.
- An annual registration fee shall be levied for each site registration under DHS 157.86. All registrations expire annually on December 31st. The department will provide an annual renewal application form; however, if you do not receive a renewal application form by December 15th, contact the X-ray unit Program Associate at DHSXray@dhs.wisconsin.gov or (608)267-4782. Be prepared with your assigned REGISTRATION NUMBER (noted on this permit above).

DEPARTMENT OF HEALTH SERVICES RADIATION PROTECTION  
SECTION  
201 E. WASHINGTON AVE, E100  
PO BOX 2659  
MADISON WI 53701-2659