OptiNet Checklist

You will be asked to enter the following information to complete your OptiNet Registration.

Site and Contact Information

Please enter the following general information about your facility.

- Verify imaging facility address
- Hours of operation
- Designated contact person(s)
- Accreditations and expiration dates

Equipment Information

Please enter the following information for each modality performed at your facility.

- Manufacturer
- Year Made
- Table weight limit (if applicable)
- Accreditations and expiration dates
- Procedures performed
- Model
- Number of channels/Magnet strength
- Volume of exams per month
- State registration and expiration date
- Average lead time to schedule an appointment

Staff Information

Interpreting Physician Information

Please enter the following information for each interpreting physician at your facility.

- Specialty
- Sub-specialties/CAQ
- Board certification and expiration date

Technologist/Imager Information

Please enter the following information for each technologist and/or imager at your facility.

- State license number and expiration date(s)
- Certification(s) by modality
- Modalities performed
- Certification(s) expiration dates

Shared and Mobile Services

Please enter the following information if your facility shares their equipment with another facility or if your facility uses a mobile imaging service.

- Other users of equipment and facility