

# Fax Now! 949.859.5010

## Personnel Dosimetry Order Form for Quarterly TLD Badge Service

NAME OR OTHER DESIGNATION				SSN or Other ID No.	DOB mm/dd/yyyy	Sex
	Last	First	MI			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Please indicate start date of first shipment: mm \_\_\_ /yy \_\_\_      Service Term:       1 Year     2 Years

Dentist \_\_\_\_\_

Veterinarian \_\_\_\_\_

Podiatrist \_\_\_\_\_

Chiropractor \_\_\_\_\_

### ADDRESS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### AUTHORIZATION

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Terms of Service:

*Accounts with 20 badges or fewer must be prepaid.*

*Every active and current account will receive a shipment of personalized dosimeters each wear period. Upon the timely return of all dosimeters, MP Dosimetry will analyze and prepare standard reports for each customer and archive data.*

*Unreturned, lost, or damaged badges are subject to a \$20 charge 60 days after the wear period ends.*

*All prepaid accounts will receive an invoice prior to depletion of payment credits.*

*Prices are subject to change.*

*Please acknowledge your understanding of and agreement to the above terms and conditions by signing the authorization block above and forwarding to MP Dosimetry. We recommend that you keep a copy of this completed form for your records.*

*Payment terms: Net 30 days*

**[www.mpdosimetry.com](http://www.mpdosimetry.com)**

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