



# Radiation Detection Company

## Dosimetry Order Form

3527 Snead Drive  
Georgetown, TX 78626

www.radetco.com  
Phone 512.831.7000  
Fax 512.861.0248

[1] Radiation Source:  Diagnostic X-ray  Other \_\_\_\_\_

[2] Service Type:  TLD XBGN (Standard)  TLD XBGN/TE (Includes CR-39 for neutrons)  TLD Finger Ring  TLD Wrist Badge

[3] Shipment Frequency Options:  Monthly  Bi-Monthly  Quarterly

[4] EasyReturns: Pre-paid Return Shipping  Ground Economy \$ \_\_\_\_\_  Ground \$ \_\_\_\_\_ X (Frequency<sup>1</sup> \_\_\_\_\_) = \$ \_\_\_\_\_

[5] Annualized Payment Calculation: (# of Badges \_\_\_\_\_) X (Unit Price \_\_\_\_\_) X (Frequency<sup>1</sup> \_\_\_\_\_) = \$ \_\_\_\_\_

<sup>1</sup>(12 for monthly; 6 for bi-monthly; 4 for quarterly) (# of \_\_\_\_\_) X (Unit Price \_\_\_\_\_) X (Frequency<sup>1</sup> \_\_\_\_\_) = \$ \_\_\_\_\_

[6] Preferred Start Date (if any): \_\_\_\_\_

Rush: \$ \_\_\_\_\_ Total Due: \$ \_\_\_\_\_

[7] Accounts Payable Address:

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

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

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

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

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_  
*(You will be registered for our free online service – MyRadCare)*

Email Address to receive PDF copies of billing:  
\_\_\_\_\_

[8] Payment Information:



Name on the Card

Card Number

Expiration Date

Signature

Purchase Order Number (P.O.) - *If applicable*

*For alternate payment methods, please contact Sales at 1-800-250-3314*

Please accept my signature as authorization to enroll me in the Automatic Renewal Program using the credit card information provided above.

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

[9] Shipping Address

Same as Accounts Payable Address

Same as Report Address

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

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

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

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

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

[10] Report Address

Same as Accounts Payable Address

Same as Shipping Address

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

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

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

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

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_



# Radiation Detection Company

## Dosimetry Order Form

3527 Snead Drive  
Georgetown, TX 78626

www.radetco.com  
Phone 512.831.7000  
Fax 512.861.0248

**[11] Badge Information:**

\*For rings and wrist badges, please designate R or L for Right or Left hand.

| Name (Last, First)   | Gender | Date of Birth | Standard     |      | Neutron          |                  | Extremity |   |        |   |   |
|----------------------|--------|---------------|--------------|------|------------------|------------------|-----------|---|--------|---|---|
|                      |        |               | Body (Chest) | Area | Body (w/Neutron) | Area (w/Neutron) | Rings*    |   | Wrist* |   |   |
|                      |        |               |              |      |                  |                  |           | R | L      | R | L |
| Example: Smith, John | M      | MM/DD/YY      | X            |      |                  |                  |           | X |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |
|                      |        |               |              |      |                  |                  |           |   |        |   |   |

| RDC Store Item(s)                                  | Quantity | Unit Price | Extended Price |
|--|----------|------------|----------------|
| <input type="checkbox"/> Radiation Safety Training |          |            |                |
| <input type="checkbox"/> Badge Boards              |          |            |                |
| <input type="checkbox"/> Leak Test Kit             |          |            |                |
|  |          | Total      |                |

**RDC Use Only:**

Filled Out By  RDC Employee  
 Customer