



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 (Frequency¹ _____) = \$ _____

[5] Annualized Payment Calculation: (# of Badges _____) X (Unit Price _____) X (Frequency¹ _____) = \$ _____
¹(12 for monthly; 6 for bi-monthly; 4 for quarterly) (# of _____) X (Unit Price _____) X (Frequency¹ _____) = \$ _____

[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: _____



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[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			