



Dosimetry Order Form
email to MPI sales@med-pro.net
or Fax: (855) 285-2226

[1] Radiation Source: Diagnostic X-ray Other _____

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

[3] Frequency Options: Monthly Bi-Monthly Quarterly

[4] Annualized Payment Calculation: (# of Badges _____) X (Cost per Badge _____) X (Frequency¹ _____) = \$ _____
¹(12 for monthly; 6 for hi-monthly; 4 for quarterly)

[5] Preferred Start Date (if any): _____

[6] Billing Information:

Company Name: _____
Contact Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Fax Number: _____
Email: _____
(You will be registered for our free online MyAccount Services)

[7] Payment Information:



Name on the Card

Card Number

Expiration Date

Signature

P/O Number (If applicable)

For alternate payment methods, please contact Sales at 1.800.697.1517

[8] Shipping Address

Company Name: _____
Contact Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Fax Number: _____
Email: _____

[9] Report Address

Company Name: _____
Contact Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Fax Number: _____
Email: _____

*By signing this document, you agree to the terms of the annual contract and understand that a \$25.00 (per badge) fee will be charged to your card for any badges not returned.

[10] Badge Information:

Service Type ²	Employee Name	Gender ³	Date of Birth ³	Social Security/ID Number ³

² For rings please add R or L for hand.
³ Gender, date of birth, and ID Number are recommended, they are not required. Med-Pro Inc. offers additional reports that do not show gender, date of birth, and ID.