

Mailed TLD Service Order Form: Multiple Services

Please complete order form and return by email (RDS@mdanderson.org) or fax (713-794-1371). In order to process your order, we **MUST** have the payment information section (page 3) completed. If you have any questions, please contact our office at (713-745-8999).

Customer Information:

Customer # (leave blank if new customer): _____ Date of Order(mm/dd/yyyy): _____

Institution Name: _____

Address: _____

City: _____ State: _____ Zip/Postal: _____ Country: _____

Primary Contact: (First) _____ (MI) _____ (Last/Surname) _____ Degree: _____

Chief/Only Physicist Other Physicist Dosimetrist/(CMD) Other: _____

Email #1: _____ Email #2: _____

Phone #1: _____ Ext: _____ office cell Phone #2: _____ Ext: _____ office cell

Fax #: _____

Other contact name: _____ Title: _____ Phone #: _____

Email #1: _____ Email #2: _____

Chief/Only Physicist Other Physicist Dosimetrist/(CMD) Other: _____

Radiation Therapy Machine Output Monitoring:

1) Machine Manufacturer, Model, Serial #: _____

Photon energies to check: _____

Electron energies to check: _____

Frequency: _____ **Other** _____

2) Machine Manufacturer, Model, Serial #: _____

Photon energies to check: _____

Electron energies to check: _____

Frequency: _____ **Other** _____

3) Machine Manufacturer, Model, Serial #: _____

Photon energies to check: _____

Electron energies to check: _____

Frequency: _____ **Other** _____

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• **Blood Irradiator Check:**

Blood Service	Specify Quantity	UnitPrice	Frequency	Note
6 packets		\$220		
12 packets		\$435		
15 packets		\$545		
16 packets		\$580		
20 packets		\$725		

• **Other Dosimetry Services:**

Service	Specify Quantity	UnitPrice	Frequency	Note
Total body dosimetry (12 packets)		\$435		
Total skin dosimetry (15 packets)		\$545		

Shipping Information:

Same as institution address on page 1 or indicate a different address below

Name: (First) _____ (MI) _____ (Last/Surname) _____

Address: _____

City: _____ State: _____ Zip/Postal: _____ Country: _____

Phone #: _____ Ext: _____

Select shipping method below. Please note that shipments by regular mail within the U.S. have no added shipping fees. International shipping and expedited shipping will incur added fees.

Check to send order by express shipping (options below):

Domestic: \$30 for overnight shipping, or \$20 for 2-day shipping.

International: Rates will vary; please contact our office for international shipping fees.

Regular Mail (no additional fees; included in price)

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Payment Options:

- Bill me. No Purchase Order (PO) required. Payment to be included with invoice.
- Purchase Order required: PO#: _____ Expiration Date: _____
 - Is PO# required on shipping documentation? Yes No
- Check (cheque)/Money Order. Click for information: [Payment Information](#)
- Wire Transfer. Click for information: [Payment Information](#)
- Credit Card: A Credit Card Payment Form will be sent with invoice after services have been rendered.

Billing Information:

Name: (First) _____ (MI) _____ (Last/Surname) _____

Title: _____

Email #1: _____ Email #2: _____

Billing Address:

Same as institution address on page 1 or indicate a different address below

Address: _____

City: _____ State: _____ Zip/Postal: _____ Country: _____

Phone #: _____ Ext: _____

Invoice Options (We can either mail or email your invoice; select below):

Mail (Check an address below)

Institution Address

Billing Address

Email (Enter email addresses below)

Account Payable: _____

Physicist: _____

Other: _____

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Report Options (Hardcopy reports will be mailed to primary contact. Check below for additional options):

Email reports also

Email reports only (Don't send hardcopy)

Send report to someone else as well as primary contact . _____

Other Comments: