

Mailed TLD Service Order Form: Therapy Machine Checks

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: _____

Machine and TLD Order Information:

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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For the electrons only, we need % depth dose data (detailed table or curves) before sending TLD. You may fax the data to (713) 794-1371 or email to rds@mdanderson.org.

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)

Payment Options:

Bill me. No Purchase Order (PO) required. Payment will 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.

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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)

Email (Enter email addresses below)

Institution Address

Account Payable: _____

Billing Address

Physicist: _____

Other: _____

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: