

## Mailed TLD Service Order Form: Other Dosimetry Services

Please complete the order form and return it by email ([RDS@mdanderson.org](mailto:RDS@mdanderson.org)). In order to process your order, we must have the payment information section (pages 2 & 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

Other contact name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email #1: \_\_\_\_\_ Email #2: \_\_\_\_\_

☐ Chief/Only Physicist ☐ Other Physicist ☐ Dosimetrist/(CMD) ☐ Other: \_\_\_\_\_

### Services:

| Service                           | Specify Quantity | UnitPrice | Frequency | Note |
|-----------------------------------|------------------|-----------|-----------|------|
| Total body dosimetry (12 packets) |                  | \$540     |           |      |
| Total skin dosimetry (15 packets) |                  | \$675     |           |      |
|                                   |                  |           |           |      |

\*Different packet quantities are available by request and cost \$45 per packet

### Shipping Information:

☐ Same as institution address above or indicate a different address below

Name: (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last/Surname) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

## **Shipping continued:**

Select shipping method below. Please note that shipments by regular mail within the U.S. have no added shipping fees. There are added fees for international shipping and expedited shipping within the U.S.

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 net 30, upon receipt of invoice.
- ☐ Purchase Order required: PO#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Is PO# required on shipping documentation? ☐ Yes ☐ No If Yes, please email a copy of the PO (rds@mdanderson.org)
- ☐ Check (cheque)/Money Order. Click for information: [Payment Information](#)
- ☐ Wire Transfer. Click for information: [Payment Information](#)
- ☐ Credit Card: Please call our office (713-745-8999) to pay by credit card.

## **Billing Information:**

Name: (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last/Surname) \_\_\_\_\_

Title: \_\_\_\_\_

Email #1: \_\_\_\_\_ Email #2: \_\_\_\_\_

Billing address:

Same institution as address on page 1

Different Address for Billing, enter below

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

Address cont: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

## **Invoice Delivery Options (All invoices will be emailed; select options below):**

**Email (Enter email address below)**

Account Payable: \_\_\_\_\_

Physicist: \_\_\_\_\_

Other: \_\_\_\_\_

**Report Options (Reports will be emailed to primary contact. Check below for additional options):**

Email reports to additional contacts

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

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

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

Send hard copy to primary contact . \_\_\_\_\_

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**Other Comments:**