

## Mailed TLD Service Order Form: Multiple Services

Please complete order form and return by email ([RDS@mdanderson.org](mailto: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		\$240		
12 packets		\$480		
15 packets		\$600		
16 packets		\$640		
20 packets		\$800		

• **Other Dosimetry Services:**

Service	Specify Quantity	UnitPrice	Frequency	Note
Total body dosimetry (12 packets)		\$480		
Total skin dosimetry (15 packets)		\$600		

**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 . \_\_\_\_\_

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**Other Comments:**