Dosimetry Order Form

Radiation Detection Company / Global Medical Solutions

(Fax to GMS and start saving today Aus +61 2 9567 5374 or NZ +64 9 638 9174)

[1] Radiation Source: ☐ Diagnostic X-Ray ☐ Gamma ☐ Other

[2] Frequency Options: ☐ Monthly ☐ Bi-Monthly ☐ Quarterly

[3] Preferred Start Date (DD/MM/YY): _____

[4] Billing Address

Company Name _____

Contact Name _____

Street Address _____

Postal Address _____

City _____ Postcode _____

Phone _____ Fax _____

Email _____

[5] Shipping Address ☐ Same as Billing

Company Name _____

Contact Name _____

Street Address _____

Postal Address _____

City _____ Postcode _____

Phone _____ Fax _____

Email _____

[6] Individual Badge Wearer Information:

Employee Name (LAST, First)	Gender	Date of Birth (DD/MM/YYYY)	Employee Number (if any)	Monitor Type WB / Ex / N

[8] Abbreviations: **WB**-TLD Whole Body **Ex**-TLD Extremity (Finger) **N**-Neutron

[9] Note: In order to ensure your Life Time Accumulative Dose Reading is incorporated please provide as soon as available a copy of your final wearer reports.

[10] Note: Please use separate forms if you want GMS to dispatch the badges to different locations for you.

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