

Patient Dosimetry Services (PDS)

OSL Dosimeter Kit Order Form

Shipping Information

Billing Information

Date _____
 Contact Person* _____
 Department: * _____
 Ship To Address* _____
 Facility* _____
 Address1* _____
 Address2 _____
 City, State, Zip* _____
 Phone* _____
 Fax _____
 Email* _____

Billing Contact* _____
 Billing Address* _____
 Facility* _____
 Address1* _____
 Address2 _____
 City, State, Zip* _____
 Phone* _____
 Fax _____
 Email* _____

* fields are required

Payment Method: Credit Card Check PO Number: _____

Note: If your site does not use PO numbers indicate either credit card or check for payment.
 Please include the PO number if your site requires one.

Type of Service	Quantity	Unit Price	Extended Price
CT Kit		\$40.00	
Fluoroscopy Kit		\$25.00	
		Total	

Shipping by USPS Priority Mail
 Shipping costs are added to purchase.

Note: Custom Kits available. Please contact PDS.

Email form to: info@patientdosimetrieservices.com

Fax: 915-532-7691

Questions: 915-422-3252