

KRUEGER-GILBERT HEALTH PHYSICS, INC DOSIMETRY REQUEST FORM
 PHONE 410-339-5447 #5, FAX 410-339-5447, EMAIL rcargile@kruegergilbert.com
 Please fill in the appropriated boxes and send to Roxanne. If you have any question please call

CLIENT INFORMATION		DATE
Facilty Name	Account Number	Phone Number
Contact Name	Department	Email
Additional Information		

ADDITIONS-BADGE TYPE-WHOLE BODY, COLLAR, WAIST, FETAL, AREA MONITOR, RING-SIZE							
DEPARTMENT--SERIES CODE, START DATE---FREQUENCY WEAR DATE , ASSIGNED SPARES--SERIAL NUMBER NEEDED							
NAME	SSN	DOB	SEX	BADGE TYPE/SIZE	SERIES	WEAR DATE	SPARE ASSIGNED

ADDITION FETAL BADGE SHIPPED WITHIN 5-7 WORKING DAYS					
PART NUMBER	NAME	CONCEPTION DATE	DECLARATION DATE	SERIES	SPARE ASSIGNED

DELETIONS			
PART#	NAME	BADGE TYPE	SERIES

NAME CHANGE/SERIES CHANGE			
PART #	OLD NAME/SERIES	NEW NAME/SERIES	SERIES

LANDAUER CHARGES \$6.50 PER BADGE IF NOT RECEIVED AFTER 90 DAYS OF THE END WEAR DATE