

## **Dosimetry Order Form**



Radiation Detection Company / Global Medical Solutions (Fax to 09-638 9176 or email to <a href="mailto:sales@gmsnz.co.nz">sales@gmsnz.co.nz</a>)

[1]	Radiation Source:		☐ Diagnostic X-Ray		☐ Gamma		□Ot	□Other			
[2]	Frequency Options:		☐ Monthly		☐ Bi-Monthly		$\Box$ Q	☐ Quarterly			
[3]	Preferre	d Start Date (	DD/MM/	YY):							
[4]	Billing Info					Shippin	Shipping Info ☐ Same as Billing				
	Company Name					Company	Name				
	Contact N			Contact Name							
	Postal Address					Street Add	dress				
	City		Postcoo	le		City		Posto	code		
	Phone		Fax			Phone		Fax			
	A/P Email					Email					
[6]	Individual Badge Wearer Information					Group No	. & Name				
	Employee Name (LAST, First) Gender					Date of Birth (DD/MM/YY)		Employee Number		Monitor Type	
1.				Female	•	,			Whole	Body	

	Employee Name (LAST, First)	Gender	Date of Birth (DD/MM/YY)	Employee Number	Monitor Type
1.		Female			Whole Body
2.		Female			Whole Body
3.		Female			Whole Body
4.		Female			Whole Body
5.		Female			Whole Body
6.		Female			Whole Body
7.		Female			Whole Body
8.		Female			Whole Body
9.		Female			Whole Body
10.		Female			Whole Body
11.		Female			Whole Body
12.		Female			Whole Body
13.		Female			Whole Body
14.		Female			Whole Body
15.		Female			Whole Body
16.		Female			Whole Body
17.		Female			Whole Body
18.		Female			Whole Body
19.		Female			Whole Body
20.		Female			Whole Body

- [7] Note: It is recommended to separate the wearers into different groups according to different locations/radiation sources/rotations. Please use a separate form for each group.
- Note: The DOB and Employee Number identify individual users in case there are two people with the same name, and It's needed to run certain reports as well. Please provide at least one of them.