



# X-Ray Badge Service Order Form

Account Number: \_\_\_\_\_

Clinic: \_\_\_\_\_

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name : \_\_\_\_\_

Phone: \_\_\_\_\_

Employee Name 1: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Employee Name 2: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Employee Name 3: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Employee Name 4: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Employee Name 5: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Employee Name 6: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

**YES** I want to switch my services  
My current contract ends \_\_\_\_/\_\_\_\_/\_\_\_\_

**YES** I want Automatic Annual Renewal

Fill out this form and email, fax, or mail to Wolf X-Ray: 100 West Industry Court Deer Park, NY 11729

Telephone: 631.242.9729 Fax: 631.242.1001

Email: [info@wolfxray.com](mailto:info@wolfxray.com)