

# X-RAY BADGE SERVICE ORDER FORM



Account Number: \_\_\_\_\_  
Clinic: \_\_\_\_\_  
Dr.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Pick Your Delivery Frequency:**    **Monthly**        **Quarterly (3-Month)**

**Pick One of the 3 Return Badge Options (check one):**

Clinic return their own:

EasyReturn Pre-Paid Label Service, covers badges lost by UPS, so no lost badge fee:

1-30 Badges (\$19.87)     31-128 Badges (\$26.87)

**Requested Start Date:** \_\_\_\_\_

\*Some dates may not be available, alternates may be offered.

1) Name: \_\_\_\_\_

Employee ID# (optional): \_\_\_\_\_

2) Name: \_\_\_\_\_

Employee ID# (optional): \_\_\_\_\_

3) Name: \_\_\_\_\_

Employee ID# (optional): \_\_\_\_\_

4) Name: \_\_\_\_\_

Employee ID# (optional): \_\_\_\_\_

5) Name: \_\_\_\_\_

Employee ID# (optional): \_\_\_\_\_

6) Name: \_\_\_\_\_

Employee ID# (optional): \_\_\_\_\_

7) Name: \_\_\_\_\_

Employee ID# (optional): \_\_\_\_\_

8) Name: \_\_\_\_\_

Employee ID# (optional): \_\_\_\_\_

9) Name: \_\_\_\_\_

Employee ID# (optional): \_\_\_\_\_

10) Name: \_\_\_\_\_

Employee ID# (optional): \_\_\_\_\_

**Badges renew automatically**

**Email to:** [dosimetry@midwestvet.net](mailto:dosimetry@midwestvet.net)