midwest veterinary supply

X-Ray Badge Service Order Form

Use this form to request new or for renewing X-ray badges for clinic team members.
Badges renew automatically unless otherwise updated.

Account Number: _____ Clinic: _____

Doctor(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____

Phone #: _____ Email: _____

BADGE SETUP

Delivery Frequency

- ☐ **Monthly**
- ☐ **Quarterly** *(3 months)*

RETURN BADGE OPTIONS

(choose one option)

- ☐ **Clinic returns their own**
- ☐ **Clinic uses Easy Return pre-paid label**
  Includes prepaid return label and coverage for badges lost by FedEx

BADGE QUANTITY

- ☐ **1-30 Badges ($19.87)**
- ☐ **31-128 Badges ($26.87)**

Requested Start Date: _____

Some dates may not be available - alternates may be offered

BADGE WEARERS

automatically will be signed up for body badges - mark if ring is needed

NAME	EMPLOYEE ID # *(optional)*	RING NEEDED