

MP Dosimetry

Radiation Monitoring Service



Assurance for Safe Levels of Radiation at Work

MP Dosimetry – Experience You Can Trust



MP Dosimetry is committed to providing any medical practice with the best value monitoring service on the market. At the end of each wear period, we will provide you with a very easy to understand report. Our goal is to provide you with “peace of mind”, by ensuring safe levels of radiation at work. We provide the highest caliber service, at the most competitive price with no complex or hidden charges.

PRODUCTS & SERVICES

- A control badge
- Monthly, bi-monthly and quarterly reporting intervals
- NRC Form 5 reports if applicable
- No incidental or miscellaneous fees
- 24-hour online dose reports
- No set-up fee
- No fee to add/delete staff
- No fee for additional shipments (subject to terms of service)



TLD XBGN Badge

- Applicable for:
 - X-ray, beta, gamma, and detecting neutrons
 - Beta 76 keV - 5 MeV, photon 20 keV - MeV
 - Shows presence of neutrons
- Calculates dose at deep, shallow, and lens of the eye tissues depths
- Appropriate for nearly all medical and industrial radiation and x-ray environments

TLD XBGN Badge with Track Etch Component

- Applicable for:
 - Reads exposure at the neutron level
 - Moisture or density gauges
 - Minimal reportable dose: 20 mrem
- Calculates dose at deep, shallow, and lens of the eye tissues depths
- Appropriate for nearly all medical and industrial radiation and x-ray environments

TLD XBG Ring

- Applicable for:
 - X-ray, beta, photons
 - Beta 76 keV - 5 MeV, photon 20 keV - MeV
- Monitors extremity exposure to radiation
- Appropriate for people who directly handle radioactive materials or whose extremities are directly exposed to x-ray beams

MP Biomedicals Service Form



Please fill out ALL information to prevent any delays in account set up.

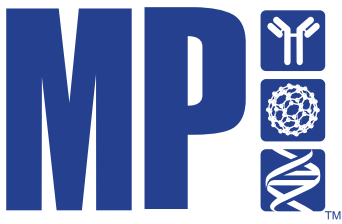
Email form to dosimetry@mpbio.com

To avoid spelling errors please type or write as clear as possible – Thank you!

NAME OR OTHER DESIGNATION (required)				SSN or Other ID No. (optional)	DOB mm/dd/yy (optional)	Gender
	Last	First	MI			
1						
2						
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4						
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- Please indicate preferred start date of the first shipment (If not given, the soonest production date will be selected) AND service term:
Month: _____ Year: _____ Service Term: 1 Year _____ 2 Years _____
- Quote Number (****must be provided to receive discount****): _____
- Badge Type: Body (Chest) _____ Ring (Left or Right) _____ Wrist _____ Collar _____ Waist _____ Fetal _____
WEBSTER 2 (collar and waist) _____ WEBSTER 1 (collar OR waist) – please circle one TLD w/ Track Etch _____
- Service Frequency: Monthly _____ Bi-Monthly _____ Quarterly _____
- Industry: Dental _____ Engineering _____ Vet _____ Podiatry _____ Energy _____ Medical _____
Chiropractic _____ Education _____ Other/Specify: _____
- How did you hear about us? Email promo _____ Internet Search _____ MP Website _____
Referral (who?) _____ Other/Specify _____

PRACTICE INFORMATION		AUTHORIZATION	
Name:		Name:	
Address:		Title:	
City:		Signature:	
State:	Zip:		
Phone:	Fax:		
E.mail:		Date:	



One Call. One Source. A World of Radiation Monitoring Services.

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- Culture Growth Media
- FastPrep® Sample Prep
- Immunology
- Molecular Biology
- Adsorbents
- Biochemicals
- Fine Chemicals
- Labware
- Dosimetry
- Research Diets
- SafTest™ Food Quality
- Diagnostics
- Drugs of Abuse
- Infectious Disease
- EIA/RIA

MP Biomedicals

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