To proceed to open a new account, please provide us with all the information together with your purchase order:

\*\*\*USE BLOCK CAPITALS TO COMPLETE THE FORM\*\*\*

1. If you have an existing account with us, please quote your account number(s):
2. Do you have any classified workers : □ No
3. Please give full shipping address:

Contact Name:

Address:

Telephone number:

E-mail:

4) Please give full billing address:

Contact Name:

Address:

Telephone number:

E-mail:

5) Please give full reporting address:

Contact Name:

Address:

Telephone number:

E-mail:

NB: For reporting access via My LDR please advise of main contact name & email address. For information on the access levels, please contact Landauer UK.

Name:

Email:

Access Level:6) Indicate which you require (delete as appropriate):

Main account alone (no subdivision into sub-accounts).

Main account with several sub-accounts (departments).   
*If this option is chosen please indicate number of sub-accounts:*

*Please note for an account with sub-accounts, the billing address has to be the same for the whole account. We can ship to and report to different addresses for each sub-account. Please supply full shipping and reporting addresses for each sub-account with the purchase order*.

7) Dosemeters required (please insert rows or use a separate spreadsheet if you need more space):

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Zone | Frequency | Number required |
| Luxel P | Chest | Quarterly |  |
|  |  |  |  |

8) Date of service to commence:

9) Any special instructions/requirements

*Note all UK accounts will be shipped by 1st Class Royal Mail unless otherwise agreed*

10) Type of industry (Hospital, Dentist, Veterinary, Industrial Radiographer, nuclear etc):

Dentist

11) Please supply names for all participants to be added to your new account with your purchase order.

12) Please provide us with your official Purchase Order reference number so we may set up your account and have your dosimeters manufactured and sent to you without delay. Also, please specify the start and expiry dates of your purchase order so we may request a new purchase order from you before the expiry date:

Purchase order number:

Purchase order runs from:

Purchase order expires on:

**DD (ex-Dental Directory/dbg) - My LDR Access (CLASSIFIED ONLY): rps@ddgroup.com**

* **Neil Pick, Senior Radiation Protection Adviser, Training & Compliance**
* **Jonathan Stubbs, Radiation Protection Adviser, Training & Compliance**