



K&S Associates, Inc.
 1926 Elm Tree Drive
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 800-522-2325 Fax 615-871-0856



**DIAGNOSTIC CALIBRATION SERVICE
 ORDER FORM**

FACILITY: _____

CONTACT PERSON: _____

INSTRUMENT MFGR / MODEL: _____

FAX: _____ PHONE: _____

- Densitometer (not A2LA accredited) _____
- DMM _____
- Exposure Meter (AAPM accredited) _____
- additional calibration point _____
- kVp meter only _____
- additional functions (time, mA, RFE) _____
- Light meter, one function _____
- 2nd function _____
- mA/mAs meter single channel _____
- dual channel _____
- Multifunction : _____
- kVp-time _____
- kVp-time-dose _____
- kVp-time-pulse-mA-RFE _____
- kVp-rad/mam/time-mA-RFE _____
- kVp-time-dose w/ext chamber _____
- 2 kVp-2 dose-time-mA _____
- Oscilloscope _____
- Scopemeter _____
- Spectrometer _____
- Timer _____
- Triad kit, includes dosimeter, 2 probes, kVp device _____
- mAs meter at nc _____
- Unfors _____
- TLDS _____

Calibration intervals: Your re-calibration reminder will be set up on a “manufacturer’s recommended” interval unless you specify otherwise. IF you wish a re-calibration date recorded on your report please indicate the interval you require in the space provided. _____

Phone 800-522-2325 Fax 615-871-0856

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