



Data Spectrum Corporation

ACR PHANTOM ORDER FORM

American College of Radiology
Nuclear Medicine/PET Accreditation Program

The completion of this form is required to purchase the phantom/s needed. Shipment will be made within 2 weeks of receipt of form. Send by mail, fax, or email to:

Data Spectrum Corporation
437 Dimmocks Mill Road Suite 17, Hillsborough, NC 27278
Phone: (919) 732-6800 Fax: (919) 732-2260 Email: info@spect.com

Description	Model	Costs	Qty.	Total
PET Only: Flangeless Esser PET Phantom	ACR PET/FL/P	\$2,028.60		
PET & Nuclear Medicine: Flangeless Esser PET Phantom, 2 nd Deluxe ECT Lid	ACR PET/FL-X2/P	\$2,536.54		
Nuclear Medicine Only: Flangeless Deluxe Jaszczak Phantom	ACR ECT/FL-DLX/P	\$1,521.45		
Esser PET Lid – faceplate is made to fit an existing cylinder – Please Call	ACR PET/LID/REG ACR PET/LID/FL	\$1,017.45		

Shipping & Handling charges based on actual UPS charges the day product is shipped.

If product is to be used in North Carolina, are you taxable? Yes No

If no: North Carolina exemption number: _____ If yes: tax rate: _____

Send invoice to Bill To Address listed below Your PO # _____

Fee, **including shipping** is enclosed in the form of a check, payable to Data Spectrum Corporation, for the amount of \$ _____, (*Checks should include the name of the facility*). If you prepay (send fee with order) you must call for and include shipping charges with your order or it will be delayed until this is paid.

Credit-card payment in the amount of purchase, including shipping & handling, you may call in the number if you prefer not to write it down on this form.

Master Card Visa Card Discover Card American Express

Card No.: _____ Expiration Date: _____

V Code : _____ Card Holder: _____

For PET PETAP #:		For Nuclear Medicine NMAP #	
-------------------------	--	------------------------------------	--

ABOVE NUMBERS ARE REQUIRED. For help locating the numbers the contact at ACR is Carolyn Richards MacFarlane (by email: cmacfarlane@acr-arrs.org) 800-227-5463 x 6563.

Shipping Address			
Bill To Address:			
Contact Name:			
Contact Email:			
Contact Telephone:		Contact Fax:	

Signed: _____ **Title:** _____ **Date:** _____