



ORDER FORM FOR THE  
AMERICAN COLLEGE OF RADIOLOGY MRI ACCREDITATION PHANTOM  
Inside the 48 Contiguous United States

In order to process your phantom order in a timely manner please complete all of the following.

1. Complete one Phantom Order Form for each phantom purchased.  
(Lower portion of this sheet) Please supply all information.
2. Payment: California sites add local sales tax.  
Check, paid to J.M. Specialty Parts, Inc. (includes shipping and handling).  
The fee for bounced checks is \$20.00  
Purchase orders are not accepted.
3. Send completed order form and check to:  
J.M. Specialty Parts, Inc. Phone: 858.794.7200  
11689-Q Sorrento Valley Rd. Fax: 858.453.1522  
San Diego, CA 92121

Note:

- JM Specialty Parts, Inc. Federal ID: 20-2145542
- The all-plastic level does not come with the phantom, ACR provides it for those in the accreditation program. All other sites can use any all-plastic level.
- Orders are shipped at two week intervals.
- Outside the 48 Contiguous United States and all other countries, contact JM Specialty Parts.

REQUIRED INFORMATION:

Your ID Number from ACR: MRAP \_\_\_\_ -- \_\_\_\_

- If ACR has not assigned your MRAP number then call JM Specialty Parts when you receive your number.
- If you are not applying for accreditation, indicate the purpose of your phantom purchase. i.e. consulting physicist, research, resale, etc.

**NOTE: Sites must purchase the correct phantom(s) based on the type(s) of unit(s) at their facility. Please read the following information carefully to determine whether your site should order the small phantom, the large phantom or both.**

\_\_\_\_\_ **Small phantom (\$780.00 each) – for scanners only capable of extremity exams (For full body scanners that only perform extremity scans, the large phantom must be ordered instead of the small phantom.)**

\_\_\_\_\_ **Large phantom (\$1,050.00 each) – for scanners capable of all examinations, no matter how many modules are on your application**

Facility Name and Shipping Address: ( NO PO BOXES )

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Name of Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_