



Data Spectrum Corporation

# ACR PHANTOM ORDER FORM

For  
American College of Radiology  
Nuclear Medicine/PET Accreditation Program

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

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

For any questions, please use above.

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 <sup>nd</sup> 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 cylinders – <b>Please Call</b>	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 you need the exact charges, please fax this completed form to Data Spectrum Corporation or phone us.

For North Carolina Purchases: Are you taxable? Yes No

If no: North Carolina exemption number: \_\_\_\_\_ If yes: tax rate: \_\_\_\_\_

### CHOOSE ONE:

- Send invoice to Bill To Address listed below **Your PO #** \_\_\_\_\_
- Fee enclosed in the form of a check, payable to Data Spectrum Corporation, for the amount of \$ \_\_\_\_\_, **call for shipping charges.** (Checks should include the name of the facility)
- 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 \_\_\_\_\_

<b>For PET PETAP #:</b>		<b>For Nuclear Medicine NMAP #</b>	
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**THESE NUMBERS ARE REQUIRED.** For help with the numbers call Carolyn Richards McFarlane at the ACR 800-227-5463 x 4563.

<b>Facility Name:</b>			
<b>Shipping Address:</b>			
<b>Bill To Address:</b>			
<b>Contact Name:</b>			
<b>Contact Email:</b>			
<b>Contact Telephone:</b>		<b>Contact Fax:</b>	

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_