



HIRE DIMENSIONS BRANCH SETUP/ORDER FORM

PAUL VISHNESKY

FAX: (972) 717-8192

PHONE: (800) 795-4473

(____) NEW ACCOUNT

CLIENT CLIENT CODE BRANCH NAME
HID

Please type or print clearly.

Fax to: (972) 717-8192, or scan and email to paulv@hiredimensions.com.

INFORMATION TO APPEAR ON THE CHAIN OF CUSTODY FORM

COMPANY NAME: (BRANCH NAME)

ATTN/CONTACT: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____ FAX: _____

MRO INFORMATION

CONTACT: DR BABER

ADDRESS: 6000 WESTERN PLACE SUITE 480

CITY: FORT WORTH ST: TX ZIP: 76107

PHONE: 817-332-0044 FAX: 817-332-0055

MRO: REVIEW: Yes No POSITIVES ONLY: _____ OTHER: _____

ACCOUNT REPORTING: WEBOASIS IVR FAX

EMAIL ADDRESS REQUIRED FOR WEBOASIS AND IVR: _____

CUSTOMER SERVICE: 1-800-452-5677

PRE-PRINT TEST PANELS: (V371)
5 PANEL ORAL FLUID

**** THERE IS A ONE-TIME \$50 SETUP FEE ****

SUPPLY REQUEST

QUANTITY

- NON-DOT CHAIN OF CUSTODY FORMS-ORAL FLUID (CMCN-000001) _____
- ORAL FLUID INTERCEPT KIT (KCSA-930001) _____
- DHL AIRBILLS / AIRBAGS (SPTR-000189) / (SPTR-000191) _____

SHIP TO:
CO. NAME/ATTN: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____ FAX: _____