**HIRE DIMENSIONS BRANCH SETUP/ORDER FORM**

PAUL VISHNESKY
**FAX: (972) 717-8192** PHONE: (800) 795-4473

(_____) **RE ORDER**:

| | CLIENT CODE | BRANCH NAME |
|---|---|---|
| CLIENT | **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

| **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**: _____