

## Dental / Veterinary Proposal

**INSTRUCTIONS: Please fill out *all fields* of the form below, sign and fax to Bio-Med Associates at: 908-788-6757**

I am pleased to present you with this proposal for Radiological/Health Physics services.

Bio-Med Associates will perform a Radiation Protection Survey and performance evaluation on your equipment in full compliance with all State and FDA regulations. This will assure that the equipment complies with all radiation safety regulations. Measurements of radiation levels will be made inside and outside the room. **General dental x-ray equipment can usually be completed in three hours; multiple tubes or CT (e.g. Cone Beam, CBCT) equipment will require additional time.**

The current fee for this service is \$300.00 per hour. There is a three hour minimum for site visits. Routine service is 9 a.m. to 5 p.m., however, other times are available upon request. Payment is required upon completion of service. Upon receipt of payment your official report will be sent to you within one business day. A small surcharge is required for credit card payments. Payments made thirty days past the due date are subject to 2% per month finance charge. If collection becomes necessary the facility and/or President/CEO named below will be responsible for the principal amount due, all collection costs, all finance charges, and all attorney fees. Our fees are revised annually.

You will be advised of the date and time of each of the physicist's visits. If this needs to be changed, please provide two weeks' notice. Cancellations are subject to a 3 hour fee.

For new installations, the State of New Jersey requires that the report address the availability of existing structural shielding (e.g. Lead). The report will be rejected if the information is not provided. To expedite submission of the report, please have a detailed, scale drawing that specifies existing shielding for review at the time of the visit.

In addition the facility agrees not to solicit or hire any employee or individual under contract with Bio-Med Associates, Inc., at any time for any service without written permission from Bio-Med Associates, Inc.

Please sign below, attach copies of your machine registration(s) if located in New Jersey, and fax or mail at your earliest convenience to schedule service. This proposal is valid until for 60 days. Thank you for the opportunity of presenting this proposal. If I can be of further assistance, please feel free to contact me.

Sincerely,

BIO-MED ASSOCIATES, INC.  
Robert J. Ziegler, M.S.  
President

**President/CEO signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**President/CEO name (please print):** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Equipment Manufacturer:** \_\_\_\_\_ **Model:** \_\_\_\_\_

**NJ State Registration # (please attach registration documentation):** \_\_\_\_\_