

Sample for Film Badge Company



Date:

To:

Re: Previous radiation history for _____ Badge No. _____

Please add the previous exposure history listed on the attached form to the cumulative dose for the individual named above.

Our account number is _____.

Thank you for your cooperation.

Sincerely,

Radiation Safety Officer

Authorization

I hereby authorize you to add the exposure information on the attached form to my cumulative radiation dose history as recorded on the reports supplied to by current employer,

_____.

Signature: _____

Date: _____

Printed Name: _____