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Thank you for the opportunity to provide staffing at your facility. Please take a few minutes to complete this job order form as it will assist us in providing you with services of the highest quality.

FACILITY/BILLING ADDRESS: _____

HUMAN RESOURCE REPRESENTATIVE : _____ PH.: _____

FAX: _____ EMAIL: _____

DEPARTMENT REPRESENTATIVE: _____ PH.: _____

FAX: _____ EMAIL: _____

JOB INFORMATION

1. MODALITY:
- | | |
|---|---|
| <input type="radio"/> General Radiology | <input type="radio"/> Computed Tomography |
| <input type="radio"/> MRI | <input type="radio"/> Mammography |
| <input type="radio"/> Lithotripsy | <input type="radio"/> Special Procedures: |
| <input type="radio"/> Nuclear Medicine | <input type="radio"/> General Ultrasound |
| <input type="radio"/> Vascular Ultrasound | <input type="radio"/> Ultrasound Consulting |
| <input type="radio"/> Cardiac Sonographer | |

2. START DATE: _____ END DATE: _____ SHIFT NEEDED: _____

3. SPECIAL REQUIREMENTS: _____

4. LIST TYPE OF EQUIPMENT TO BE USED: _____

5. USUAL # OF TECHS IN DEPARTMENT: _____

6. USUAL # OF EXAMS PER TECH/PER DAY: _____

7. TYPE OF EXAMS: _____

8. LEAD CONTACT TECH: _____

9. AFTER HOURS CONTACT NUMBER: _____

10. AVAILABLE HOUSING (IF NEEDED): _____

11. PARKING AVAILABILITY AND FEES: _____

12. PLEASE READ AND SIGN THE FOLLOWING PERMISSION TO VIEW STATEMENT
"ANY AND ALL TRIPLE CROWN IMAGING, INC. EMPLOYEES FROM THIS DATE OF ___/___/___ AND FOR THE PERIOD OF 120 DAYS ARE SUBJECT TO \$15000.00 (FIFTEEN THOUSAND) FINDER'S FEE IF HIRED BY YOUR FACILITY _____ VIA PRIVATELY OR THROUGH AN AGENCY."

SIGNATURE: _____ DATE: _____