June 2019

Declaration of Material Change

Due to inability to obtain previously used material, JM Specialty Parts, the designated ACR MR phantom vendor, has begun using a different material for the Slice 5 insert. Although the insert design and material have changed, there is no impact on the current scanning requirements. The MR physics subcommittee tested and approved the material. It will be used in the manufacture of all new phantoms. If you possess a phantom with the old slice 5 insert, it is acceptable to use.
ORDER FORM FOR THE **SMALL** MRI ACCREDITATION PHANTOM

J.M. Specialty parts Item: ACR-PHE

For Scanners Designed for Extremity Only or Breast Examinations.

Dimensions: 4-1/2” Diameter, 4-1/2” Cylinder Length, 5-3/8” Length with Mounting Bars

Notice:
- Returns are subject to a $200 restock fee and your facility pays the overnight return shipping.

In order to process your phantom order in a timely manner please complete all of the following.

1 – Complete the Phantom Order Form for each address you would like a phantom shipped to. (Lower portion of this sheet) Please supply all information.

2 – Payment: **California sites add local sales tax.**

Purchase orders are not accepted.
- Discount Price: Check, paid to J.M. Specialty Parts, Inc. for $995.00 USD.
- Next day air shipping and handling is included **inside the 48 contiguous states only.**
- The fee for returned checks is $20.00

**OR**
- Full Price: MasterCard, Visa, and Discover (NO Amex) $1,045.00 USD, accepted from USA and territories only.

3 – Send completed order form and check to:

J.M. Specialty Parts, Inc.
11525 Sorrento Valley Rd.  **OR**
Suite – B
San Diego, CA  92121

Fax or e-mail completed order form and completed credit card authorization to:

Fax 858-704-4959

Email: customerservice@jmspecialtyparts.com

Your ID Number from ACR: **MRAP ______________________________**

- If ACR has not assigned your MRAP number then leave this line blank and call J.M. Specialty Parts later when you receive your number.

- If you are not applying for accreditation, indicate the purpose (resale, research) of your phantom purchase.

**REQUIRED INFORMATION:**

Facility Name and Shipping Address as it should appear on the shipping label: **NO P.O. Boxes**

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Name of Contact Person: _________________________________________________

Phone: __________________________ Fax: __________________________

E-mail: __________________________

**Outside the 48 Contiguous United States** (and all other countries), shipping is not included.

Your **Shipping Company’s Name**: _______________________________________

Your **Billable Account Number**:

The shipping company (FedEx, UPS, DHL) will bill you for shipping, customs, VAT and any other import cost.

- For a quote on prepaid shipping cost, fax or email a copy of your completed phantom order form. Specify the items to be on the quote (phantom and shipping, shipping only) and the reply method, fax or e-mail.

Fax: 858-704-4959  Email: customerservice@jmspecialtyparts.com
CREDIT CARD AUTHORIZATION

In order to process a credit card purchase we must have all of the following information. Please print all entries clearly except signature.

Circle One:  VISA    MASTER CARD    DISCOVER

Name on the credit card:  ____________________________________________

(Exactly as it appears on the card.)

Account Number:  ___________ - ___________ - ___________ - ___________

Expiration Date:  ____________________________

Dollar amount authorized to charge:  $ __________________________

Street address the credit card bill is sent to:  __________________________

Zip Code the credit card bill is sent to:  __________________________

Full name of authorized person:  ____________________________________________

( print )

Signature of authorized person:  ____________________________________________

Date:  __________________________