



Request for Dosage Investigation

All doses are reviewed and verified prior to assigning an occupational dose. However, we understand there are instances where a dose needs to be investigated based on your concerns. Please complete the below request and return to customer care@plmedical.com to initiate a Dosage Investigation.

General Information	
Date of Request	
Person Requesting Investigation	
Role In Company	
Clinic Name	
PL Medical Account Number (top left of dosage report)	
Wear Period (top left of dosage report)	

Dosimeter(s) Needing Investigation				
Dosimeter #	Name on Dosimeter	Reported Deep Dose	Reported Eye Dose	Reported Shallow Dose

Please print multiple forms for all dosimeters requiring investigation. You may also attach a spreadsheet or highlight on your current Occupational Dose Report

Reason for Investigation

www.plmedical.com

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