

# REQUEST FOR SERVICE

# 1-800-MED-ALERT

## SUBSCRIBER INFORMATION:

|                                       |          |   |   |
|---------------------------------------|----------|---|---|
| Name                                  |          | Phone   | Date  |
| Address <input type="checkbox"/> Apt# |          | Date of Birth   | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| City                                  |          | SS#   | Language  |
| State                                 | Zip Code | Transmitter <input type="checkbox"/> Neck <input type="checkbox"/> Wrist <input type="checkbox"/> Both (add \$10/month) |   |

## EMERGENCY PHONE NUMBERS: (We provide these)

Police  Sheriff  Hospice

Fire

Ambulance

## CONTACT REGARDING SERVICE

Name

Relationship

Home Phone

Wk / C Phone

## PREFERRED HOSPITAL

Name

City & State

Phone

## PRIMARY PHYSICIAN

Name

Phone

## MEDICAL ALLERGIES

## PHYSICAL LIMITATIONS & MEDICAL CONDITION

## Special Instructions:

New Subscriber  Resubscribe

Rate:  Quarterly \$90  Annually \$297

Lock Box \$35 + Tax (CA Residents) (Add 2 lbs when shipping w/ unit)

Shipping\*:  Overnight  2<sup>nd</sup> Day  
 3day  Ground

TOTAL

\*Call 1-800-MED-ALERT for exact shipping rates

## RESPONDER INFORMATION

\*R1 Name

\*Relationship

Keys: Y / N

\*Hm / C Phone

Hm / C

\*Wk / C Phone

Wk / C

R2 Name

Relationship

Keys: Y / N

Hm / C Phone

Hm / C

Wk / C Phone

Wk / C

R3 Name

Relationship

Keys: Y / N

Hm / C Phone

Hm / C

Wk / C Phone

Wk / C

R4 Name

Relationship

Keys: Y / N

Hm / C Phone

Hm / C

Wk / C Phone

Wk / C

## HIDDEN KEY:

## CROSS STREETS NEAREST HOME ADDRESS

## BILLING & PAYOR INFORMATION

Name

Address

City, State, Zip

Phone

Credit Card Type

Credit Card Number

Expiration Date

QUARTERLY BILLING:  SUB  PAYOR  OTHER-on Back  
 Credit Card  Checking Withdrawal

LOCKBOX:  Shipment includes Lockbox

SHIP TO:  SUB  PAYOR  OTHER-Address on Back

Understands/Agrees Signup, 1<sup>st</sup> Month & Shipping-**NOT REFUNDABLE**

Subscriber  Contract Regarding Svcs  Other-note on Back

How did you hear about us?  Brochure  Internet  Physician's name: \_\_\_\_\_  Friend's name: \_\_\_\_\_