

Follow-Up Request

PLEASE FAX 1-800-313-9764, EMAIL HEALTHCARE@LIFELINE.CA OR CALL NUMBER ABOVE

(Please print clearly)

Healthcare Professional Information

Name:

Job Title:

Facility/Organization:

Phone:

Patient/Client Requesting: *(check all that apply)*

INSTALLATION HOME VISIT INFORMATION

Veteran Affairs Canada (V.A.C)

I.D. #:

Urgent Install - Discharge Date:

Fall Detection Recommended

(Please print clearly)

Patient/Client Information

Name: Mr. Mrs. Ms.

Address:

City:

Province: Postal Code:

Phone: Best Time to Call: AM PM

Check here if Patient/Client is primary contact

Additional Contact:

Name:

Phone: Best Time to Call: AM PM

Relationship:

Additional Notes / Special Instructions:

Coupon Code
(optional)

Please read & complete (Required)

Healthcare Professional

CONSENT AND PRIVACY NOTICE: BY SUBMITTING THIS FORM YOU ACKNOWLEDGE THAT YOU HAVE OBTAINED CONSENT FROM THE PROSPECTIVE SUBSCRIBER NAMED ON THIS FORM TO 1) RELEASE THEIR PERSONAL INFORMATION TO LIFELINE; 2) THAT THE INFORMATION WILL BE USED TO CONTACT THE PROSPECTIVE SUBSCRIBER FOR THE PURPOSES OF FURTHER EXPLAINING LIFELINE'S PRODUCTS AND SERVICES (THERE IS NO OBLIGATION TO ACCEPT ANY PRODUCTS OR SERVICES); AND 3) THE PROSPECTIVE SUBSCRIBER ALSO AGREES THAT LIFELINE CAN SHARE THE OUTCOME REGARDING THEIR DECISION TO TAKE/NOT TAKE THE LIFELINE SERVICE WITH YOU. *Offer available at locally participating programs and valid for new activations only. Not to be combined with any other offer. Some restrictions apply. Offer subject to a three month term.

Signature:

Date:

(For Lifeline office use only)

Account ID # :

Contact ID# :

CareMaster Customer #

For any questions, please call the phone number at the top of this page.

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