Philips Lifeline
1-800-LIFELINE
1-800-543-3546

Follow-Up Request

PLEASE FAX TO 1-800-313-9764 or EMAIL TO REFERRAL@LIFELINE.CA

(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:_____

☐ AutoAlert 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)

XX4

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 PHILIPS 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 PHILIPS LIFELINE CAN SHARE THE OUTCOME REGARDING THEIR DECISION TO TAKE/NOT TAKE THE LIFELINE SERVICE WITH YOU.

Signature : _____ **Date:** _____

(For Philips Lifeline office use only)

Account ID # :	Contact ID# :	CareMaster Customer #

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

PHILIPS Lifeline