

Installation date: _____		Chest Size (in inches): _____
<p style="text-align: center;"><b><i>User Information</i></b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone Number: _____</p> <p>Cell Number: _____</p> <p>E-mail Address (optional): _____</p> <p>Date of Birth: _____ / _____ / _____</p> <p>Hidden Key: _____</p> <p>Additional Information: _____</p> <p>_____</p>	<p style="text-align: center;"><b><i>Billing Information</i></b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone Number: _____</p> <p>Cell Number: _____</p> <p>Work Number: _____</p> <p><input type="checkbox"/> Credit Card/Debit Card Processed</p>	
<b><i>CAREGIVER INFORMATION (in order of notification)</i></b>		
<p>1.Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Phone: _____</p> <p>Cell: _____</p> <p>Work: _____</p> <p>Additional # : _____</p> <p>E-mail Address: _____</p> <p>Call Order in case of Emergency by #</p> <p>#1 _____</p> <p>#2 _____</p> <p>#3 _____</p> <p>Cell Phone Provider: _____</p> <p>Do you have a key to residence: _____</p> <p>Alerts you wish to use:</p> <p><input type="checkbox"/> Call</p> <p><input type="checkbox"/> E-mail</p> <p><input type="checkbox"/> Text</p> <p><input type="checkbox"/> All</p>	<p>2.Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Phone: _____</p> <p>Cell: _____</p> <p>Work: _____</p> <p>Additional # : _____</p> <p>E-mail Address: _____</p> <p>Call Order in case of Emergency by #</p> <p>#1 _____</p> <p>#2 _____</p> <p>#3 _____</p> <p>Cell Phone Provider: _____</p> <p>Do you have a key to residence: _____</p> <p>Alerts you wish to use:</p> <p><input type="checkbox"/> Call</p> <p><input type="checkbox"/> E-mail</p> <p><input type="checkbox"/> Text</p> <p><input type="checkbox"/> All</p>	<p>3.Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Phone: _____</p> <p>Cell: _____</p> <p>Work: _____</p> <p>Additional # : _____</p> <p>E-mail Address: _____</p> <p>Call Order in case of Emergency by #</p> <p>#1 _____</p> <p>#2 _____</p> <p>#3 _____</p> <p>Cell Phone Provider: _____</p> <p>Do you have a key to residence: _____</p> <p>Alerts you wish to use:</p> <p><input type="checkbox"/> Call</p> <p><input type="checkbox"/> E-mail</p> <p><input type="checkbox"/> Text</p> <p><input type="checkbox"/> All</p>
<b><i>Medical Information</i></b>		
<p>Medical Equipment used in home: _____</p> <p>_____</p>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Cancer</p> <p><input type="checkbox"/> Seizures</p> <p><input type="checkbox"/> Stroke/CVA/TIA</p> <p><input type="checkbox"/> Cardiac history</p> <p><input type="checkbox"/> Pacemaker</p> </div> <div style="width: 50%;"> <p style="text-align: center;"><b><i>Medical history</i></b></p> <p>Any know drug Allergies: _____</p> <p>_____</p> <p>Additional Information: _____</p> <p>_____</p> <p>_____</p> </div> </div>		
Subscriber Signature _____		Installer Signature _____

Transmitter Serial Number: \_\_\_\_\_ Gateway Serial Number: \_\_\_\_\_

HIPAA Standards mandate that all customer orders be faxed in or sent via regular mail. DO NOT SEND VIA EMAIL if this is for a customer.