Medical Alert Customer Information

CONSOLE # ☐ ☐ ☐ ☐ ☐ ☐ ☐

DATE
☐M ☐M ☐D ☐D ☐Y ☐Y ☐Y ☐Y

DEALER #
☐ ☐ ☐ ☐ ☐ ☐

CUSTOMER

NAME

ADDRESS 1

ADDRESS 2

CITY   STATE   ZIP

CROSS STREET

PREMISES PHONE # (   )

☐ MALE   ☐ FEMALE   YEAR OF BIRTH ☐Y ☐Y ☐Y ☐Y

TIME ZONE: ☐ PACIFIC   ☐ MOUNTAIN   ☐ CENTRAL   ☐ EASTERN

DEALER

DEALER NAME

CONTACT NAME

CONTACT PHONE # (   )

LOCKBOX OR HIDDEN KEY

LOCATION

LOCKBOX KEYDOOR CODE

GARAGE/GATE CODE

IMPORTANT:

Our standard policy is to call emergency responders first and then individuals on the notification list until someone is reached. If you would like emergency responders to be called **AFTER** the notification list please check here ☐

NOTIFICATION LIST *(LIST IN PRIORITY ORDER. ONLY PROVIDE 2ND PHONE NUMBER IF NECESSARY.)*

1 NAME

CELL PHONE (   )

ALTERNATE PHONE (   )

EMAIL NOTIFICATIONS   ☐NO   ☐EMERGENCY   ☐ALL

EMAIL

2 NAME

CELL PHONE (   )

ALTERNATE PHONE (   )

EMAIL NOTIFICATIONS   ☐NO   ☐EMERGENCY   ☐ALL

EMAIL

3 NAME

CELL PHONE (   )

ALTERNATE PHONE (   )

EMAIL NOTIFICATIONS   ☐NO   ☐EMERGENCY   ☐ALL

EMAIL

4 NAME

CELL PHONE (   )

ALTERNATE PHONE (   )

EMAIL NOTIFICATIONS   ☐NO   ☐EMERGENCY   ☐ALL

EMAIL

AGENCIES

(M) EMS   NAME   PHONE (   )

(P) POLICE   NAME   PHONE (   )

(F) FIRE   NAME   PHONE (   )

SYSTEM INFORMATION

CONSOLE MANUFACTURER/MODEL #

| TRANSMISSION TECHNOLOGY | ☐ CELLULAR   DEVICE ID: DEVICE PHONE # (   ) |
| | ☐ LANDLINE   CONSOLE CONNECTED TO PHONE # (   )   VOIP? ☐ YES   ☐ NO |

TEST TIMER: ☐ DAILY   ☐ WEEKLY   ☐ MONTHLY