

# PHILIPS Lifeline

## Order Preparation Worksheet

*This worksheet is for your personal use as you prepare information to call or fax an order for service*

SENDER INFORMATION	
<b>Name</b>	
Phone (       )	
Relationship to Subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Caregiver <input type="checkbox"/> Healthcare Professional	
SUBSCRIBER INFORMATION	
<b>Name</b>	
Address	
City	
County	State
Zip Code	
Phone (       )	
Date of Birth   /   /   Language	
BILLING INFORMATION <input type="checkbox"/> Same as Subscriber	
<b>Name</b>	
Relationship to Subscriber	
Address	
City	
State	Zip Code
Phone (       )	
NOTIFY INFORMATION*	
<b>Notify 1</b>	<b>Name</b>
	Relationship
	Work Phone (       )
	Home Phone (       )
<b>Notify 2</b>	<b>Name</b>
	Relationship
	Work Phone (       )
	Home Phone (       )
*Notify: Friends or family that are unable to assist in a timely manner but need to be notified in an emergency.	
MEDICAL CONDITIONS/PHYSICAL LIMITATIONS	

**It's easy to order Lifeline:**  
Simply call 1-800-543-3546, ext.2102  
or Fax 1-800-448-0107

RESPONDER INFORMATION*	
<b>Responder 1</b>	<b>Name</b>
	Relationship
	Work Phone (       )
	Home Phone (       )
	Cell Phone (       )
Has a Key <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Responder 2</b>	<b>Name</b>
	Relationship
	Work Phone (       )
	Home Phone (       )
	Cell Phone (       )
Has a Key <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Responder 3</b>	<b>Name</b>
	Relationship
	Work Phone (       )
	Home Phone (       )
	Cell Phone (       )
Has a Key <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Responder: Neighbors, friends or family who live or work within 15 minutes of your home.	
ALLERGIES	
HOSPITAL	
<b>Hospital</b>	
City	
Phone (       )	
PRIMARY CARE PHYSICIAN	
<b>Name</b>	
Phone (       )	