



Order Preparation Worksheet

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

SENDER INFORMATION	
Name	
Phone ()	
Relationship to Subscriber: ☐ Self ☐ Caregiver ☐ Healthcare Professional	
SUBSCRIBER INFORMATION	
Name	
Address	
City	
County	State
Zip Code	
Phone ()	
Date of Birth / /	Language
BILLING INFORMATION ☐ Same as Subscriber	
Name	
Relationship to Subscriber	
Address	
City	
State	Zip Code
Phone ()	
NOTIFY INFORMATION*	
Notify 1	Name
	Relationship
	Work Phone ()
	Home Phone ()
Notify 2	Name
	Relationship
	Work Phone ()
	Home Phone ()
Cell 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*	
Responder 1	Name
	Relationship
	Work Phone ()
	Home Phone ()
	Cell Phone ()
Has a Key ☐ Yes ☐ No	
Responder 2	Name
	Relationship
	Work Phone ()
	Home Phone ()
	Cell Phone ()
Has a Key ☐ Yes ☐ No	
Responder 3	Name
	Relationship
	Work Phone ()
	Home Phone ()
	Cell Phone ()
Has a Key ☐ Yes ☐ No	
*Responder: Neighbors, friends or family who live or work within 15 minutes of your home.	
ALLERGIES	
HOSPITAL	
Hospital	
City	
Phone ()	
PRIMARY CARE PHYSICIAN	
Name	
Phone ()	