Lifeline XC087
In partnership with
Bluewater Health Foundation

Follow-Up Request

1-800-387-8065

Classe print clearly Patient/Client Information Name: Mr. Mrs. Ms.	PLEASE FAX TO 1-800-313-9764 or EMAIL TO REFERRAL@LIFELINE.CA							
Job Title: Facility/Organization: Address: City:								
Facility/Organization: Bluewater Health - Norman Site Phone: 519-464-4400 Patient/Client Requesting: (check all that apply) INSTALLATION HOME VISIT INFORMATION Urgent Install - Discharge Date: Phone: Best Time to Call: Phone: Best Time to Call: Check here if Patient/Client is primary contact Additional Contact Name: Urgent Install - Discharge Date: Phone: Best Time to Call: Phone: Best	Name:	Name: [□ Mr.		Mrs.		Ms.	
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Additional Notes / Special Instructions: Coupon Code (optional) Consent And Privacy Notice: By Submitting Form You Acknowledge That You have obtained consent From The Prospective Subscriber Name in Notes and Services (There is no obligation to a coctet Aury Products on Services); Albert LifeLine Service with the Union of the International Production of the International Products on Services; Albert LifeLine Service with the Union of the International Products on Services; Albert LifeLine Service with Expressional Products on Services; Albert LifeLine Can Sharke The Outcome Regarding Their Decision To Take Not Take The LifeLine Service with Vol. Offer available at locality participating programs and valid for new activations only. Not to be combined with any other offer. Some restrictions apply. Consent and privacy Notice: By Submitting This Form You Acknowledge That You have obtained consent from The Prospective Subscriber For The Purposes of Further Explaining LifeLine's Products on Services; Albert LifeLine Service with You. Offer available at locality participating programs and valid for new activations only. Not to be combined with any other offer. Some restrictions apply. Offer subject to a three month term. Date:	519-464-4400							
Phone: Best Time to Call: Urgent Install - Discharge Date:	□ NSTALLATION □ HOME VISIT □ INFORMATION □ Veteran Affairs Canada (V.A.C.)	Additional Contact						
Urgent Install - Discharge Date: AutoAlert Recommended Relationship: Coupon Code (optional)	I.D. #:							
Additional Notes / Special Instructions: Coupon Code (optional)		Phone:		E				
Additional Notes / Special Instructions: Coupon Code (optional) XA10135X1448 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 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 LIFELINE CAN SHARE THE OUTCOME REGARDING THEIR DECISION TO TAKE/NOT TAKE THE LIFELINE SERVICE WITH YOU. Offer available at locally participating programs and valid for new activations only. Not to be combined with any other offer. Some restrictions apply. Offer subject to a three month term. Signature: Date: [For Lifeline office use only]						AM	□ РМ	
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	Signature :	Date:						
Account ID # : Contact ID# : CareMaster Customer #								
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For any questions, please call the phone number at the top of this page								

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