

# 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 (      )
	Cell Phone (      )
<b>Notify 2</b>	<b>Name</b>
	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*	
<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 (      )