

Referral Form



Need help making a referral?

Call Philips Lifeline now:

1-855-655-4401, ext. 55000

Please complete and fax to 1-866-211-6693
attention: Customer Sales Referral Specialist

Date _____

Please let me know the status of my referral via:

From **Janet Smith**
23 Appleton Drive
Aurora, MA 07258

Phone _____

E-mail _____

Customer Being Referred

Wants to order

Wants more information

Yes, I have confirmed with the customer being referred that Philips Lifeline will be contacting them about service.

Philips Lifeline Medical Alert Service
Learn more at www.Lifelinesystems.com/info

Lifeline with AutoAlert*
*The ONLY medical alert pendant
that calls for help if a fall is detected.*

Philips Medication Dispensing Service
Learn more at www.managemypills.com

First/Last Name _____

Address _____

Apt. # _____

City _____

State _____

Zip _____

Phone _____

Promotion Code on coupon (if applicable) _____

Contact Person *(if other than person being referred)*

Name _____

Best Date and Time to Call _____

Phone _____

Relationship to Customer _____

Special Requests

3rd Party Notify (Check if you would like fax notification upon subscriber transport to hospital or event).

Name to fax notification to _____

Fax number _____

For LPM/LCOM Use Only

I am a Lifeline Program Manager or Lifeline Community Outreach Manger

Program Code:

Referred by _____ NA

Referral Source Code _____ Title _____

Name _____ Address _____

Company _____

PHILIPS
Lifeline

111 Lawrence Street
Framingham, MA 01702-8156
www.lifelinesystems.com/info

3 easy steps to make a referral



Date _____ Please let me know the status of my referral via _____
From Janet Smith Phone _____
23 Appleton Drive E-mail _____
Aurora, MA 01708

one

Enter your contact information, including telephone number and address.



Customer Being Referred Wants to order Wants more information
 Yes, I have confirmed with the customer being referred that Philips Lifeline will be contacting them about service.
 Philips Lifeline Medical Alert Service Lifeline with AutoAlert™ Philips Medtronic Emergency Services
Learn more at www.philipslifeline.com/usa/ [See how it works](#) or call our service advisors for help if a call is needed. Learn more at www.philipslifeline.com/usa

First Name _____ Age # _____
Address _____
City _____ State _____ Zip _____
Phone _____ Home/Cell/Work/Other (Please Specify) _____

Contact Person (if other than person being referred)
Name _____ Best Day and Time to Call _____
Phone _____ Relationship to Customer _____

two

Complete the “Customer Being Referred” and “Contact Person” section of this form



three

Fax the form back to Philips Lifeline at **1-866-211-6693**

Thank you for making Philips Lifeline part of your patient’s plan of care.