



NEW GLARUS LIGHT & WATER

MEDICAL ALERT SERVICE ENROLLMENT FORM

TO BE COMPLETED BY CUSTOMER/PATIENT

Customer Name:	Date:
Customer Address:	
Customer Phone No(s):	Customer Account No:
<i>Please Provide the Names and Phone Numbers of Others Who Might be Notified in the Event No One is Available at the Above Numbers.</i>	
Name:	Phone No(s):
Name:	Phone No(s):

TO BE COMPLETED BY MEDICAL STAFF

Briefly describe patient's medical condition as it relates to electrical equipment in their home (ex. respirator needed for breathing, etc.):	
Type of Equipment Needed in Patient's Home:	
Briefly Describe How Equipment is Used:	
Frequency of Use – Please be specific (example: continuous, 5 times a day, 1/2 hour each time, etc.):	
How Long is the Patient Expected to Need the Equipment:	
Please Provide Any Further Information/Comments:	
Medical Staff Name:	Phone No:
Medical Staff Signature:	Date: