



Information Needed for Freedom Alert Installation

I request PRISM HEALTH SERVICES, LLC to Install and Program my FREEDOM ALERT. Below are my setting preferences:

Preference of setting: (Check one)

- 1 Family & Friends then 911
- 2 Family & Friends
- 3 911 Only

If 1 or 2 are chosen above, then, please provide the following information: (Please write Legibly)

Sequence of numbers	Number of the person (Please provide the 10 digits) (Please indicate any prefix digit to get an outside line)	Name of the Person
Call # 1 goes to	__ 1 (____) _____ - _____	
Call # 2 goes to	__ 1 (____) _____ - _____	
Call # 3 goes to	__ 1 (____) _____ - _____	
Call # 4 goes to	__ 1 (____) _____ - _____	
Last call will be	911	Emergency Department

(Please Note: Incomplete & inaccurate information cannot be processed and may delay your installation.)

I the undersigned agree that the above mentioned is my preference / my choice of sequence of numbers the calls are supposed to go to.

I have verified with the above family / friends and attest that:

- These numbers provided are accurate;
- These family or friends are willing to take the responsibility to receive phone calls from my Freedom Alert Device, in case of emergency, and take appropriate action as necessary during the situation.

During the installation these numbers will be called for testing purposes. I take the responsibility to:

- Be there at the agreed upon time for installation
- Notify my family / friends re: the upcoming testing
- Notify Prism Health Services, 24 hours prior to the appointment, if, I am not able to keep my appointment. (If the installer shows up at the scheduled time, and I (or my representative are) am not available, I will be charged a "Travel Time".

Prism Health Services, LLC. will not be responsible for any settings changed on the device or if the phone numbers of the family / friends are changed, after the initial install & testing is successfully performed. I understand that PRISM HEALTH SERVICES, LLC. Can perform any additional testing / re-install of the device, upon my request, which will be for additional fees.

Please complete and fax back to PRISM HEALTH SERVICES, LLC. @ 904-880-3241.

Signature of the User	
Name of the User	
Date	

Signature of the Responsible Party	
Name of the Responsible Party	
Date:	