



e-pill[®] VoiceCare Medical Alert System Subscriber Information and Order Form



Agency: e-pill, LLC (d.b.a. e-pill Medication Reminders)		Order Date	Account #	Unit ID #
PART A. SUBSCRIBER <input type="checkbox"/> Primary <input type="checkbox"/> 2 nd User			PART B. BILLING PARTY <i>(if different from Subscriber)</i>	
Last Name		First Name		Last Name
Street Address		Apt		Street Address
City		State	Zip	
Phone		County		Phone
				Ship to: <input type="checkbox"/> Subscriber <input type="checkbox"/> Payer
PART C. DISPATCH INFORMATION				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		DOB (mm/dd/yyyy)		Language
Hidden Key Location			Lock Box Combination	
			Hospital of Preference	
PART D. PUBLIC SAFETY RESPONDERS: Do not enter 911 - use local phone numbers.				
Police #		Fire #		Ambulance #
PART E. PERSONAL RESPONDERS: Should be able to gain access to client's residence in an emergency.				
RESPONDER 1		RESPONDER 2		RESPONDER 3
Name		Name		Name
Relation	Key	Relation	Key	Relation
Phone 1	Type	Phone 1	Type	Phone 1
Phone 2	Type	Phone 2	Type	Phone 2
Phone 3	Type	Phone 3	Type	Phone 3
<i>Specify Phone Type: 'H' – Home, 'C' – Cellular, 'W' – Work or 'P' - Pager</i>				
PART F. NO VOICE CALL ORDER: If voice contact is not established, list responders, by name, to be called in order of priority including Police, Fire and Ambulance. If these instructions are not provided, an ambulance will be called first and forced entry may be utilized.				
1 st		2 nd		3 rd
PART G. MEDICAL HISTORY / DIAGNOSIS				
PRIMARY		SECONDARY		TERTIARY
PART H. ALLERGIES / IMPAIRMENTS				
IMPAIRMENTS: <i>(please check)</i> <input type="checkbox"/> VISION <input type="checkbox"/> HEARING <input type="checkbox"/> SPEECH <input type="checkbox"/> AMBULATION <input type="checkbox"/> OTHER:				
SPECIAL INSTRUCTIONS:				
Subscriber Signature		Date		Billing Party/Authorized Signature
				Date

FAX TO E-PILL MEDICATION REMINDERS 781- 235-3252
Equipment and Monitoring Services Provided by American Medical Alert Corp.