

A. LifeSupport Medical Dealer ID  
LSM50262

37.

**Purchase Order Form**

Account Number  
**G22 -**

B. Subscriber Name:

C. Time Zone:  Pacific  Mountain  Central  Eastern  Hawaii  Alaska  No Daylight Savings

D. **Panel Speed Dial Numbers (optional - up to 3 numbers)**

Name	Phone Number with Area Code
1.	(       )
2.	(       )
3.	(       )

E. **Inactivity Sensor Settings (only if purchasing a Inactivity Sensor)**

**Default Settings:**     **Daily 5am - 10am and 5pm - 10pm**

**Custom Settings:**    Circle days of the week: **Daily - OR -** Mon Tue Wed Thurs Fri Sat Sun

**Morning** Start Time: \_\_\_\_\_:\_\_\_\_\_AM                      End Time: \_\_\_\_\_:\_\_\_\_\_AM / PM

**Evening** Start Time: \_\_\_\_\_:\_\_\_\_\_PM                              End Time: \_\_\_\_\_:\_\_\_\_\_PM

F. **Medication Reminder Times (optional) NOTE: Not available if purchasing 2 Pendants or 2 Automatic Fall Detectors.**

**Time: (Circle AM or PM)**

\_\_\_\_\_ : \_\_\_\_\_ AM / PM      \_\_\_\_\_ : \_\_\_\_\_ AM / PM      \_\_\_\_\_ : \_\_\_\_\_ AM / PM      \_\_\_\_\_ : \_\_\_\_\_ AM / PM

\_\_\_\_\_ : \_\_\_\_\_ AM / PM      \_\_\_\_\_ : \_\_\_\_\_ AM / PM      \_\_\_\_\_ : \_\_\_\_\_ AM / PM      \_\_\_\_\_ : \_\_\_\_\_ AM / PM

G. **Shipping Information**

Shipping Method     Ground (Free)                       FedEx 2nd Day \$50                       FedEx Overnight \$75

Ship To: \_\_\_\_\_ In Care Of: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number of Recipient with Area Code: (       )

H. **Installation Information**





Self Installed                      Name of Installer: \_\_\_\_\_                      Phone Number: \_\_\_\_\_

Quantity	Description	Price	Total
	<b>Medical Safety Kit</b> <input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 2 <input type="checkbox"/> 3		
	<b>ADDITIONAL ITEMS</b>		
	Automatic Fall Detector		
	Oversized Medical Alert Button		
	Inactivity Sensor		
	Flood Detector		
	Smoke Detector		
	Carbon Monoxide Detector		

CREDIT CARD INFORMATION - Please provide the following information.

By signing below you are authorizing LifeSupport Medical to charge the indicated credit card for the total due this invoice.

Subtotal	
Tax	
Shipping	
Balance Due	

       Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_|\_\_\_\_ CSV#: \_\_\_\_\_ Name as it appears on the card: \_\_\_\_\_

Customer Signature \_\_\_\_\_

Billing Address: (if different from above)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_