



**Dealer Name: Citizens Telephone**  
**Dealer Number: 009**  
**Dealer Telephone Number: 540-745-2111**  
**Monitoring Station Number: 866-200-7399**

**220 Webbs Mill Road**  
**Floyd, VA 24091**

|  |                          |                                |   |
|--|--------------------------|--------------------------------|---|
| <b>Basic 2-Way Medical Alert</b>   |                          | <b>Alarm Center Account #:</b> |   |
| <b>Citizens Account #:</b>   |                          | <b>Base Serial #:</b>          |   |
| <b>Date Monitoring Begins:</b>   |                          | <b>Number of Transmitters:</b> | <b>Pendant:    Wall:    2Way Pendant:</b>   |
| <b>Customer Name:</b>  |                          |                                |   |
| <b>911 Address:</b>  |                          | <b>Apt #</b>                   | <b>Power Outage Notification Yes / No</b> <b>Install Date: _____</b><br><b>Lease: _____ Purchase: _____</b> |
| <b>City, State, Zip:</b>   |                          |                                |   |
| <b>Premise Phone #:</b>  |                          | <b>Alternate Phone #:</b>      |   |
| <b>Caretaker Phone # to program in base:</b>   |                          |                                |   |
| *****Emergency Agencies*****   |                          |                                |   |
|  | <u>EMS</u>               | <u>FIRE</u>                    | <u>OTHER/BURGLARY</u>   |
| <b>Telephone Number</b>  |                          |                                |   |
| <b>Name</b>  |                          |                                |   |
| <b>City / State/ Zip</b>   |                          |                                |   |
| *****  |                          |                                |   |
| <b>Customer Contact List:</b><br><i>Customer's premise will be called first, then Dispatch, then other contacts</i>  | <u>CONTACT NAME</u>      | <u>MAIN CONTACT</u>            | <u>ADDITIONAL CONTACT #</u>   |
| <b>Requested Order: 1st</b>  |                          |                                |   |
| <b>2nd</b>   |                          |                                |   |
| <b>3rd</b>   |                          |                                |   |
| <b>4th</b>   |                          |                                |   |
| <b>Male or Female M / F</b>  | <b>Birth Date:</b> _____ | <b>Weight:</b> _____           |   |
| <b>House Information:</b>  |                          |                                |   |
| <b>Past Health History:</b>  |                          |                                |   |
| <b>Current Health History:</b>   |                          |                                |   |
| <b>Current Medications:</b><br>(use separate sheet if needed)  |                          |                                |   |
| <b>DRUG ALLERGIES:</b>   |                          |                                |   |
| <b>Information Supplied By:</b>  |                          |                                |   |
| <b>I (we) the undersigned, hereby acknowledge that I (we) have reviewed the above information and note that all the information is correct and true to the best of my (our) knowledge and do not hold Citizens Telephone responsible for any information that was incorrectly given. I also acknowledge that I have received a copy of the Citizens Medic Alert System Agreement and agree to the terms and conditions of the agreement.</b> |                          |                                |   |
| <b>Signed:</b>   |                          | <b>Date:</b>                   |   |