

BAY AREA VITAL LINK

CLIENT REFERRAL

TO: Bay Area Vital Link · EMAIL: info@vital-link.com · PHONE: (510) 338-3466 · FAX: 510.338.3467

CLIENT NAME:*		CONTACT PHONE:*	
ADDRESS:*		CITY / ZIP:	
CLIENT CASE #:		DATE:	

WHICH SYSTEM MIGHT FIT? (optional):

- ☐ Installation (Fee waived)
- ☐ Lockbox (Fee waived)
- ☐ Home Link w/ pendant (wrist or neck) - landline required
- ☐ Cellular Home Link w/ pendant - NO landline needed
- ☐ Fall detection (add to a home system)
- ☐ Stand alone button (add to an at-home system)
- ☐ Additional regular button (add to an at-home system)
- ☐ Mobile Link (shower ready, 30-day battery life)
- ☐ Mobile X (worn around the neck, fall detection included)
- ☐ Caregiver app (add to Mobile X)
- ☐ Mobile W (neck or wrist, fall detection included)

DATE(S) OF SERVICE:		REFERRED BY:	
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When complete, EMAIL this form to info@vital-link.com or FAX to 510.338.3467. Phone (510) 338-3466.

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