

APPLICATION FOR MEDICAL ALERT MONITORING SYSTEM

Note to the physician: North Perry Village has entered into agreement with a medical alert monitoring system to aid our residents who are in need. According to our resolution, a resident is able to participate in this program, if he / she is determined to have one or more serious medical conditions where a monitoring system is immediately necessary for their health and safety.

Resident Name: _____

Resident Address: _____ Telephone: _____

Attending Physician: _____

I, _____ (physician – please print) do certify that the above named individual has one or more serious medical conditions. This individual's health and safety issues would be considerably aided with a medical monitoring device.

Signed: _____

Date: _____

Comments: _____

Please return to: Mayor, North Perry Village
4449 Lockwood Road
Perry 44081

or fax to: 440-259-2306