## **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	3:	Telephone:
Attending Physic	ian:	
		lease print) do certify that the above ical conditions. This individual's aided with a medical monitoring
Signed:		Date:
Please return to:	Mayor, North Perry Village 4449 Lockwood Road	or fax to: 440-259-2306

Perry

44081