

MEDTYME CORPORATION

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Las Vegas, Nevada 89109

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Client Referral Form

Date: _____ Appointment: _____

Client Information: _____ DOB: _____

Address: _____ Zip Code: _____

Email: _____ Phone No.: _____

Referral Agency/Facility: _____ Title: _____

Name: _____ Email: _____

Phone Number: _____ Mobil: _____

Reason for Referral: _____

Category:

- Hardship Illness/Medical Emergency/Tragedy Unemployed Disabled
 Employment Service Clothing Equipment Supplies Household Items

Description: Services are provided regardless of race, gender, religion, color, age, sexual orientation, marital status, living status, diagnosis, medical condition, or national origin.

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NOTE: By accepting charitable merchandise or any of our services, you the customer agrees to the terms and conditions for charitable contributions. I agree to accept the organization liability wavier and responsible for the safety use of all items received.

MEMRA receive new, used and good condition medical equipment, new supplies, home furnishings, office furniture, beauty accessories and other accessories. Contributions and gifts are donated from stores, clinics, medical facilities, rehabilitation centers, or other outside resources to help individuals in a time of need. We try our very best to pass onto customer's good quality merchandise, equipment and supplies. When products are available, requests are honored within 3 business days or soon as possible.

Signature _____ Date: _____