



MEMRA RERRAL FORM *(Medtyme Corporation)*
MEDTYME EMERGENCY MEDICAL RELIEF ASSOCIATION
2901 S Highland Dr. Unit 3-B Las Vegas, Nevada 89109
Office: 702.987.5527 • Direct: 702.606.4652

Date: _____ **Referring Agency:** _____

Case Worker/LSW/Nurse: _____ **Title:** _____

Contact Phone: _____ **Facility/Location:** _____

Incontinence	Supplies	Equipment	Household	Clothing
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CLIENT INFORMATION

Client Name: _____ **Previous Client:** Yes: ☐ No: ☐

Date of Birth: _____/_____/_____ **Age:** _____ **Male:** _____ **Female:** _____

Contact Phone: _____ **Cell/Msg:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Reason For Assistance: (Items Requested)

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Our Policy: By accepting charitable merchandise or any of our services, you the customer agrees to the terms and conditions for charitable contributions. You also agree to accept the organization liability wavier and responsibility for the safety and care of all items received.

MEMRA receive new, used and good condition medical equipment, new supplies, office furniture, home furnishings, 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 customers good quality merchandise, equipment and supplies. When products are available, requests are honored within 24-48 hours or soon as possible.

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

Intake Name/Signature: _____ / _____

Check All That Apply:

☐ Temporary Hardship ☐ Sick/Medical ☐ Emergency/Tragedy ☐ Unemployed ☐ Disabled ☐ Other

Marital Status: ☐ Single ☐ Married ☐ Domestic Partnership ☐ Divorce ☐ Separated ☐ Other