



SAVING OUR SENIORS
SERVING AND EMPOWERING
TAMPA BAY SENIORS

APPLICATION FOR DURABLE
MEDICAL EQUIPMENT

Have you tried to obtain the DME through other sources? ____ Yes ____ No

How did you hear about us? _____

Why were you unable to obtain the DME through other sources?

PERSONAL INFORMATION

Name: _____ Birthdate: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Monthly Income: _____ Height/Weight: _____

Item(s) Requested: _____

The equipment will be used for me or my family member's personal use and will not be sold. To all the best of my knowledge, all the information is true and accurate. I understand not all accessories may be available with the DME and may require contacting someone other than Saving Our Seniors at my cost.

Applicant Signature: _____ Date: _____

PLEASE RETURN FORM BY:

Fax: 727.499.6783

Email: director@savingourseniors.care

Mail: 2309 60th Drive E. Bradenton, FL 34203