BARD | LIBERATOR™ MEDICAL

Give Your Patients All The Benefits & Privileges Provided By Liberator Medical.

We make it easy to refer your patients to us for their medical supply needs.

Liberator Medical brings better healthcare home to your patients.

Patient Referral Form

Required Patient Information:

☆ **Patient's Name:** _____

☆ **Patient's Phone #:** _____

☆ **Patient's Email:** _____

☆ **Products Required:** _____

Required Contact Authorization:

My signature below certifies that I have obtained consent from this patient for Liberator Medical Supply, Inc. to contact them via phone, email or direct mail.

☆ **Company Name:** _____

☆ **Signature:** _____ ☆ **Date:** _____

☆ **Name (Please Print):** _____

☆ **Your Phone #:** _____

☆ **Relationship to Patient:** ❑ **Physician** ❑ **Nurse** ❑ **Other** _____

☆ ***Indicates required information for patient contact.***

All you need to refer your patient today:

- **Patient's Name**
- **Patient's Phone #**
- **Patient's Email**
- **Products Required**
- **Your Signature**
- **Your Relationship to the Patient**

Email the completed form to: referral@liberatormedical.com

or

Fax it to: (855) 821-5520

Any Questions? Call (877) 893-9430

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