



Medical Emergency Form

Account Holder: _____

Account Number: _____

Providing the following does not mean power will not be disconnected for nonpayment or interrupted due to an outage. Also, when there is an outage, power may not be restored immediately. Members with medical needs should have an alternative plan should any power outages occur.

I am the attending physician for _____.

I have prescribed the following for use at the patient's residence. This will be in:

- Full-time use
- Part-time use

Type: _____

Purpose: _____

At this time, I feel that the above prescribed will be needed

- Temporarily (estimated length of time: _____)
- Permanently

Physician Name (Printed): _____

Physician Signature: _____