

PRIORITY POWER RESTORATION

TO: CUSTOMER SERVICE

_____ CURRENTLY IS UNDER MY CARE FOR A LIFE THREATENING
CONDITION, THEY ARE USING THE FOLLOWING LIFE MONITORING AND / OR SUPPORT EQUIPMENT

ADDRESS : _____

PHONE : _____

THE EQUIPMENT IN USE IS ELECTRICALLY POWERED AND MAY OR MAY NOT HAVE BATTERY
SUPPORT.

PLEASE PLACE _____ AND / OR FAMILY ON A PRIORITY LIST FOR
RESTORATION OF SERVICE IF A POWER FAILURE SHOULD OCCUR.

YOUR COOPERATION IN HELPING THIS PATIENT AND FAMILY MAINTAIN ELECTRICAL
SERVICE WILL BE GREATLY APPRECIATED.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ME.

SINCERELY,

_____ M.D. / D.O.

DATE