TRICO
AN ENERGY COOPERATIVE
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A Touchstone Energy® Cooperative

LIFE- SUSTAINING EQUIPMENT CERTIFICATION

CUSTOMER INFORMATION

Member Name: _____

Address: _____

Trico Account Number: _____ Telephone #: _____

TO BE COMPLETED BY PHYSICIAN (Required information)
Please type or print

Patient's name (if different from above): _____
Patient's address (if different from above): _____
Patient's telephone number (if different from above): _____
Patient's age: _____ Date last examined: _____
Is the Patient a patient of yours? _____
How long has this individual been your patient? _____
Does this patient suffer an especially dangerous or life-threatening illness? _____
Does such dangerous or life-threatening illness require medical equipment? _____
What type of medical equipment? _____
What is the make and model of this medical equipment? _____
Is the medical equipment needed at all times? _____
If not, how much of each day is the medical equipment needed? _____
If the medical equipment requires electricity for its operation is there any reasonable substitute for electricity for its operation? _____
Is the medical equipment only required on an "as needed" basis? _____
In the event of a power outage is there an alternative power supply? _____
Is the alternative limited to batteries? _____
Is the medical equipment considered life support equipment? _____

Comments: _____

Physician's name (please print or type) _____
Physician's Address _____
Physician's Signature _____
Telephone Number _____ Date _____

Please fax completed form to Trico Electric at (520) 547-0369 or mail to address below.

NOTE: Life support equipment does not release the consumer from financial obligations. Contact Member services prior to termination date for payment arrangements.