

**Fort Belknap Electric Cooperative
Critical Care Medical Form**

Electric Account Number: _____ Meter # _____

Name of Account Holder: _____

Relationship to Account Holder: Self Spouse Parent Child

Contact Information: Please include both day, evening and cell numbers.

Telephone Number(s) of Account Holder: _____

Telephone Number(s) of Critical Care Person or live-in caregiver, if different than Account Holder: _____

To be completed by physician:

Description of patient's medical condition: _____

Critical medical equipment at the residence requiring electric power for operation: _____

Name of Physician: _____

Name of Medical Facility at which Physician Practices and Mailing Address: _____

Physician's Phone Number: _____

NOTE TO PHYSICIAN: With regard to *planned* power outages, Fort Belknap Electric Cooperative (FBEC) will attempt to contact your patient requiring electrically-powered medical equipment in advance so that they can make arrangements for transport to another location, if necessary. However, because of the wide variety of circumstances under which (*unplanned*) power outages occur, FBEC cannot guarantee restoration time. If your patient has critically important medical equipment that requires electric power for operation, they should have a back-up source of power available at their residence.

Signature of Licensed Medical Doctor

Date Signed

Please return to: Fort Belknap Electric Cooperative, Inc.
P.O. Box 486
Olney, TX 76374
940-564-3526