

Issued: _____

Medical Dependency Form

This form must be completed by a registered doctor to confirm that the patient has a serious medical condition and is dependent on electricity for critical medical support.

The patient will then be placed on Mercury Energy's Medical Dependency Register.

This patient's electricity will not be disconnected. Account payment options will be discussed with the Mercury Energy Account holder.

Customer to complete

Name of Mercury Energy Account Holder	
Account number	

Patient to complete

Patient name		
Date of birth		
Patient address		
Patient contact details	Home	
	Work	Mobile
	Email	
<p>I confirm that Mercury Energy is authorised to discuss:</p> <ol style="list-style-type: none"> 1. details of my medical condition; and if applicable 2. details of the medical condition of the medically dependent person referred to above [and I confirm that this person has authorised this] with the registered medical practitioner listed below to confirm the need for power to remain connected at my address. Information may also be passed on to my electricity lines company. 		
Signed [patient] _____ Date _____		

Doctor to complete

Name of doctor		
Designation [eg. GP or specialist]		Registration No
Contact details	Work	Mobile
	Email	

Patient's medical condition	
Type of equipment requiring continuous electricity supply [see footnote *]	
Duration for which equipment will be required	<input type="checkbox"/> Permanently requires equipment <input type="checkbox"/> Temporarily requires equipment until [specify date] _____

I, _____ [medical practitioner] state that

_____ [patient] has a serious medical condition and requires power for medical reasons.

Signed _____ Date _____

*Critical equipment might include a nebuliser, dialysis machine or breathing apparatus.

Please fax a copy of this page to Mercury Energy on 0800 10 18 11 or post to Mercury Energy Customer Services Private Bag 92008 Auckland 1142