

Medical Dependency Form

This form is to be completed by a medical practitioner to confirm that a patient has a serious medical condition and is dependent on electricity for critical medical support. The patient will then be placed on Bosco Connect's Medical Dependency Register.

If this patient has difficulty paying their energy bills Bosco Connect will ensure that their electricity is not disconnected. Alternative payment options will be discussed with the Bosco Connect Account holder.

Bosco Connect Account Holder	Name:
Details:	Account Number:
Patient name:	
Patient address:	
Patient contact details:	Work Ph: Mob Ph:
	Email:
<p>I confirm that Bosco Connect is authorised to discuss:</p> <ol style="list-style-type: none">1. details of my medical condition; and if applicable2. details of the medical condition of the medically dependent person referred to above (and I confirm that that 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. <p>Signed (Patient) _____</p>	

Medical Practitioner	
Designation: e.g. General Practitioner, Specialist etc.	
Contact details:	Work Ph: Mob Ph:
	Email:

Medical condition:	
Type of equipment requiring a continuous supply of electricity:	
Duration for which equipment will be required:	<input type="checkbox"/> Permanently require equipment <input type="checkbox"/> Temporarily require equipment Date required to:

I _____ (Medical Practitioner) state that _____
_____ (patient) has a serious medical condition and needs
power for medical reasons.

Signed: _____ Date: _____

Please post a copy of this page to Bosco Connect Ltd, PO Box 9601, Newmarket 1149