

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 Tiny Mighty Power's Medical Dependency Register.

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

Tiny Mighty Power Account Holder	Name:	
Details:	Account Number:	
Patient name:		
Patient address:		
Patient contact details:	Work Ph:	Mob Ph:
	Email:	
<p>I confirm that Tiny Mighty Power 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 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 Tiny Mighty Power, PO Box 873, Cambridge 3450