



CRITICAL NEEDS PROGRAM PHYSICIAN'S VERIFICATION

PURPOSE OF THE PROGRAM

Henderson Municipal Power & Light's Critical Needs Program is designed to notify special needs customers who depend on electric-powered medically essential equipment (ie medical equipment that must be operated continuously or as required by a physician to avoid loss of life or serious medical complications requiring immediate hospitalization) in advance of a Planned Interruption in electric services, such as when the power must be disrupted for scheduled maintenance. In the event of an extended unplanned interruption of service, HMP&L will attempt to notify these customers if it is determined the outage will be for an extended period of time (more than twenty-four hours), but cannot guarantee quick restoration of electric service.

Patient's Name: _____
Last First

Patient's Address: _____

Patient's Telephone Number: _____

Type of Equipment Used: _____

Frequency of Use: _____
(example: continuous, daily for 8 hours, 5 times a day for 1 hour)

Would this person be in an immediate life-threatening situation if their residence were without electricity? YES NO

If on a machine or oxygen, does it require electricity to operate? YES NO

Is there a battery back up for the system? YES NO Is medical equipment portable? YES NO

I certify that the patient listed above requires life-sustaining, medical equipment that utilizes electricity to operate.*

Physician's Name Printed: _____

Address: _____

Telephone: _____

Physician's Signature: _____

Date: _____

*Note: For the purposes of this Program, CPAP / BiPAP machines utilized for the treatment of sleep apnea are not considered to be life-sustaining equipment. Oxygen tanks will only be considered as life-sustaining equipment if used with a nebulizer.