

Pella Cooperative Electric

Your Touchstone Energy® Cooperative 
The power of human connections

Special Health Registration

This form is to be completed by the member of Pella Cooperative Electric and their registered attending physician. By returning this form, your electric account will be flagged for special health concerns. However, this provides no guarantee of uninterrupted electric service, nor does it guarantee priority during service restoration efforts.

This section should be completed by the member of Pella Cooperative Electric:

Account Number _____

Name of Patient _____ Age: _____

Relationship to member of record: _____

Address: _____
Street City ST Zip

Emergency Contact Name (must NOT reside at same residence): _____

Emergency Contact Phone Number: _____

Pella Cooperative Electric is committed to providing reliable service, but cannot guarantee or insure uninterrupted electrical service. If the individual listed above cannot be without power for any reason, we strongly urge you to development alternate care plans, such as installing a backup power supply. Please consult with your physician or medical supplier about your specific needs. Consideration for health of a resident is governed under Pella Cooperative Electric's tariff section 6.2.2(9), a copy of which can be provided upon request.

Member Signature: _____ Date: _____

This section should be completed by the registered attending physician:

Physician Name: _____ Hospital Affiliation: _____

Address: _____
Street City ST Zip

Phone: _____ Fax: _____

Type of Device: _____ Infant Apnea Monitor _____ Oxygen Concentrator
_____ Ventilator/Respirator _____ BIAP (Bi-level Positive Airway Pressure)
_____ Home Dialysis _____ C-Pap Machine – Minor Child
_____ IV Pumps _____ (Continuous Positive Airway Pressure)

How often is the device used? _____

How long is the device used during each treatment? _____

I verify the patient listed above requires the equipment as noted. The use of this equipment is imperative for life support. I further verify that consideration has been given for standby electric supply for continuity of service.

Physician Signature: _____ Date: _____