



## Wright-Hennepin Cooperative Electric Association

6800 Electric Drive • P.O. Box 330 • Rockford, MN 55373

Phone (763) 477-3000 • (800) 943-2667 • info@whe.org • www.whe.org

### CRITICAL SERVICES PHYSICIAN FORM

This form is to be completed and signed by the attending physician for a patient requesting special consideration of priority service during electric outage situations and critical services. A completed version of this form must be signed and submitted to Wright-Hennepin (WH). See page 2 of this form for WH's Critical Services policy which details eligibility, requirements, and the cooperative's outage response procedure. In the event of a prolonged outage, all efforts will be made to restore this service as quickly as possible.

Name of Clinic \_\_\_\_\_

Clinic Phone Number \_\_\_\_\_ Clinic Fax Number \_\_\_\_\_

Clinic Address \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

Patient Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Patient's Electric Service Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I certify that the patient named above is using a critical life support system that requires electricity to operate. The required system is (please check all that apply):

Child On Monitor	Nebulizer	Telecommunications	Facility For Physically Disabled People
Colostomy	Ventilator	Electric Bed Or Lift Chair	Oxygen Concentrator
Dialysis	Pulma Aid	Special Medical Equipment	
Multiple Schlerosis	Respirator	Other Medical Needs	

If you checked other medical needs, please specify: \_\_\_\_\_

Does this critical equipment have a back-up battery?    Yes            No

Physician's Signature: \_\_\_\_\_ Today's Date \_\_\_\_\_

**Submit the completed for by email, mail, or fax to Wright-Hennepin Cooperative Electric Association** to ensure this patient's service is included on the cooperative's critical services list. If the life support system for the patient named above is removed, please notify WH.

Wright-Hennepin Cooperative Electric Association  
Attn: Electric Dispatch Center  
P.O. Box 330  
Rockford, MN 55373

Email: info@whe.org  
Fax: (763) 477-3078