

MEDICAL PRIORITY

Rusk County Electric Cooperative, Inc.
P.O. Box 1169
Henderson, TX. 75653

Please return by: _____

Account Name: _____ A/C Number: _____

Address: _____ Telephone: _____

Emergency contact person _____

their telephone _____

PLEASE HAVE YOUR DOCTOR COMPLETE THIS PART

Patient's name: _____

Life-sustaining electric equipment: _____

(i.e., electrically driven oxygen concentrator, nebulizer, suction machine, feeding pump, dialysis machine)

Doctor's name--please print

Signature

Date