

MEDICAL PRIORITY

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

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