

MEDICAL PRIORITY

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

FOR RCEC OFFICE USE ONLY:

Date: _____
Name: _____
Acct: _____ Map: _____
Sub: _____ Fdr: _____ Section: _____
County: _____ District: _____

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 _____