



positive energy

Medical Practitioner Notification of Life Support Equipment Requirements

Please mark boxes as appropriate, and return to -

Email - lifesupport@energex.com.au Post - Energex Limited, GPO Box 1461 Brisbane, Qld 4001 Fax - (07) 3025 8301

Section 1 Patient Details

Life Support recipient		Electricity Account holder	
Contact telephone numbers			
Unit No.	Street No.	Street Name	
Suburb			Postcode

Section 2 Medical Practitioner Details (name, address and provider number - please stamp or print)

Section 3 Add Life Support

Certification of Life Support Equipment Use

I certify that _____ who resides at the above address, is using the following device -

- | | | |
|---|---|--|
| <input type="checkbox"/> Oxygen Concentrator | <input type="checkbox"/> Intermittent Peritoneal Dialysis Machine | <input type="checkbox"/> Kidney Dialysis Machine |
| <input type="checkbox"/> CPAP Respirator | <input type="checkbox"/> Crigler Najjar Syndrome Phototherapy Equipment | <input type="checkbox"/> Ventilator For Life Support |
| <input type="checkbox"/> Other (please provide details below) | | |

Signature

Date / /

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If the patient's situation changes and they no longer wish to be registered for the prioritycare Program, they should contact us on 13 12 53 or advise their electricity retailer. Our Privacy Policy sets out how individuals may access and seek correction of their personal information, including sensitive information, or lodge a complaint if they believe we have not adhered to the APPs. For a copy of our Privacy Policy, please contact us on 13 12 53 or visit energex.com.au.