



ROXBY COUNCIL

Richardson Place (PO Box 124)
Roxby Downs SA 5725

08 8671 0010
roxby@roxbycouncil.com.au
roxbydowns.sa.gov.au

ABN 68 284 130 046

Medical Confirmation Form For registering your life support equipment

We understand that some of our customers rely on the continual supply of power to their homes for life support systems. To make sure that customers who have registered their life support equipment with us are given advance written notification about planned outages in their areas.

To register your life support equipment with Roxby Council, you need to:

- Fill in sections 1 and 2 and make sure the account holder reads, signs and dates the declaration in section 2.
- Ask your medical practitioner or hospital to complete section 3 and ensure they also sign and date this section.
- Return the form to us over the counter at the Council office or email roxby@roxbycouncil.com.au.

1. Life support patient's details

Frist name _____ Surname _____

Address _____

Phone _____ Email _____

Date life support required from ____ / ____ / ____

2. Account holder details and declaration (Account holder to complete)

Name _____ Account Number _____

This account must be for the supply address provided in section 1 to be eligible to register life support equipment. You can find your account number on your bill. By submitting this form, you confirm that:

- All information provided in this application is, to the best of your knowledge, true and correct and you have complied with all applicable laws and obtained all necessary consents to provide this.
- The address provided is the primary place of residence for the listed patient.
- You will advise Roxby Power immediately if your circumstances change, and that change may impact the validity of the information in this form; including where life support equipment is no longer required.
- You understand that you will need to complete a medical confirmation form if you leave your existing address listed above.
- You understand that Roxby Power cannot guarantee that the energy supply at your address will never be interrupted and that unplanned outages may occur without any warning.
- The above application terms and conditions are in accordance to the Australian Energy Regulator, Life support registration guide 2019.

Account holder signature _____

Date ____ / ____ / ____

3. Hospital/medical practitioner's statement (Medical Practitioner to complete)

I certify that the below life support machine is/will be installed at the patient's home at the address shown in section 1 of this form. This machine requires the use of Electricity.

- | | |
|---|--|
| <input type="checkbox"/> An oxygen concentrator | <input type="checkbox"/> A kidney dialysis machine |
| <input type="checkbox"/> An intermittent peritoneal dialysis machine | <input type="checkbox"/> A ventilator for life support |
| <input type="checkbox"/> A chronic positive airways pressure respirator | <input type="checkbox"/> Crigler Najjars Syndrome phototherapy equipment |
| <input type="checkbox"/> Other (please specify) _____ | |

Medical Practitioner/Hospital Certification

I (Doctor/Medical Practitioner) _____ hereby certify a person residing at the above supply address requires the Life Support Equipment as indicated above.

Signature and Stamp of Medical Practitioner _____

Date ____/____/____

Provider number _____