

**San Patricio Electric Cooperative, Inc.
Life Support Information Form**



Date: _____

Meter Number: _____

Account Number: _____

Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number to call during an outage: _____-_____-_____

Name and telephone of relative or friend: _____

Name of Patient _____

Life Support System Used:

_____ Oxygen Concentrator

_____ SIDS Monitor

_____ Air Compressor

_____ Kidney Dialysis

_____ Other (Please Specify) _____

Do you have any backup or portable equipment for the life support indicated above?

Other Information: _____

Please complete and mail or hand deliver this form **with a letter of medical necessity from your personal physician** to:

**San Patricio Electric Cooperative, Inc.
PO Drawer 400
402 E. Sinton Street
Sinton, TX 78387**