



A Touchstone Energy Cooperative

376 Grindstone Road
Waynesville NC 28785
Telephone: (828) 452-2281 Fax: (828) 926-4290

Medical Condition or Medical Equipment Notification

Haywood EMC will make every effort to respond to your needs. However, we can not guarantee that we will restore electricity in a manner that would not threaten your dependence on medical equipment or would accommodate your medical condition. Section 1 is your Haywood EMC account information and Section 2 must to be completed by your physician and returned to our office.

Section 1:

Name of Member: HEMC Account Number:
Address:
Home Phone: Alternate Phone:

Section 2: (To Be Completed by the Physician)

Name of Patient with Medical Condition:
Type of Medical Condition:

Medical Equipment Required: Please check appropriate box. Yes No

Type of Medical Equipment: Please check all equipments utilized by patient

- Apnea Monitor Home Dialysis
Heart Monitor Lifeline Monitoring
Nebulizer Oxygen
Life Support Ventilator

Other - Please List:

Agency Responsible for Medical Equipment: (If medical equipment is required.)

Name:
Address: City State
Phone Number: (If available) ()

Physician Signature: Date:
Address: City State
Phone Number: ()