

Medical Confirmation Form

This form is to be completed by customers who require continual electricity supply to power life support systems within their home.

To register as a Life Support Customer, you will need to:

- Complete 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 your completed form to us within 20 days of the date that this form is sent to you by scanning and emailing it to enquiries@silverasset.com.au.

Section 1. Life Support Patient's Details

First Name: _____ Surname: _____

Building Name: _____ Unit: _____ Street No: _____ Street: _____

Suburb: _____ State: _____ Post Code: _____ Phone: _____

Section 2. Account holder details and declaration (Account holder must complete)

Name: _____ Account No: _____

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 Silver Asset Services 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 Silver Asset Services will need to provide details from this form to the relevant energy retailer and network distributor.
- You understand that Silver Asset Services cannot guarantee that the energy supply at your address will never be interrupted and that unplanned outages may occur without any warning.
- You understand that it's your responsibility to have a pre-arranged action plan ready in the event that your energy supply is interrupted – for both emergency situations and where you are informed (by us or the distributor) in advance of any planned outages that may impact your supply.

Account Holders signature: _____ Date: _____

3. Hospital / medical practitioners' 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.

Please tick the applicable life support equipment from the table below:

Equipment Type			
<input type="checkbox"/>	Chronic positive air ways pressure respirator/devices	<input type="checkbox"/>	Phototherapy equipment
<input type="checkbox"/>	Chronic positive airways pressure respirator/devices (24hr)	<input type="checkbox"/>	Oxygen Concentrator
<input type="checkbox"/>	Intermittent peritoneal dialysis machine	<input type="checkbox"/>	Crigler Najjar syndrome phototherapy equipment
<input type="checkbox"/>	External heart pump	<input type="checkbox"/>	Kidney dialysis machine
<input type="checkbox"/>	Enteral feeding pump	<input type="checkbox"/>	Ventilator for life support
<input type="checkbox"/>	Total Parenteral Nutrition (TPN) Pump	<input type="checkbox"/>	Other: Please specify

Name: _____ Job Title: _____

Hospital / Clinic / Practice: _____ Phone: _____

Street No: _____ Street: _____ Suburb: _____ State: _____ Post Code: _____

Medical Practitioner signature: _____ Date: _____

Once you have completed this form please return it to our office by emailing it to enquiries@silverasset.com.au or posting it to PO Box 8319, GCMC QLD 9726

Need more time?

If you need more time to complete this form, please contact us by phoning 07 3010 5560 or emailing enquiries@silverasset.com.au to request an extension.