Life Support Advice Form

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

Last Name

Mobile Phone

Building Name

Address

Section 2: Account Holder Details and Declaration

First Name

Last 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 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 Holder Signature

Date

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Contact Information
PO Box 1886 Sunnybank Hills QLD 4109 / 1300 972 702 / customerservice@silverasset.com.au / silverasset.com.au

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Section 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 below:

Equipment Type

- ☐ Chronic positive air ways pressure respirator/devices
- ☐ Chronic positive airways pressure respirator/devices (24hr)
- ☐ Intermittent peritoneal dialysis machine
- ☐ External heart pump
- ☐ Enteral feeding pump
- ☐ Other (please specify)
- ☐ Phototherapy equipment
- ☐ Oxygen Concentrator
- ☐ Crigler Najjar syndrome phototherapy equipment
- ☐ Kidney dialysis machine
- ☐ Ventilator for life support
- ☐ Total Parenteral Nutrition (TPN) Pump

Hospital/Medical Practitioners' Details

Full Name

Phone Number

Job Title

Hospital/Clinic/Practice

Address

Account Holder Signature

Date ☐☐ / ☐☐ / ☐☐

Completed Form

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 1886 Sunnybank Hills QLD 4109

Need more time?
If you need more time to complete this form, please contact us by phoning 1300 972 702 or emailing customerservice@silverasset.com.au to request an extension.