510 South Main Street • P.O. Box 305 • Dobson, NC 27017 • (336) 356-8241

Account Holder:	
Account Number:	
Providing the following does not mean power will not be diconnected for non payment or interrupted due to an outage. Also, when there is an outage, power may not be restored immediately. Members with medical needs shave an alternative plan should any power outages occur.	
I am the attending physician for	
I have prescribed the following for use at the patient's residence. This will be in:	
[] Full-time use [] Part-time use	
Type:	
Purpose:	
At this time, I feel that the above prescribed will be needed	
[] Temporarly (estimated lenght of time:) [] Permanently	
Physician Name (Printed):	
Physician Signature:	

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