

Life support and machine notification.

Use this form to give us the details of the life support equipment in your home.

Your details

Ms Mrs Miss Mr Other _____

Given names: _____

Surname: _____

Supply address: _____

Suburb: _____

State: _____ Postcode: _____

Home phone: _____

Mobile phone: _____

Postal address (if different from above): _____

Suburb: _____

State: _____ Postcode: _____

Equipment details

The following equipment is in use at the supply address:

Oxygen concentrator
Date of installation: ____ / ____ / ____

Intermittent peritoneal dialysis machine
Date of installation: ____ / ____ / ____

Haemodialysis machine
Date of installation: ____ / ____ / ____

Continuous positive airways pressure (CPAP) machine
Date of installation: ____ / ____ / ____

Ventolin nebuliser
Date of installation: ____ / ____ / ____

Ventilator
Date of installation: ____ / ____ / ____

Other (please specify): _____
Date of installation: ____ / ____ / ____

Medical declaration

Ask your hospital worker, nurse or doctor to complete this section.

I can confirm the equipment listed on this form:

a) is/will be installed and

b) is a life support requirement for a person living at the supply address.

Name: _____

Job title: _____

Hospital/practice: _____

Phone: _____

Signature and stamp: _____

Date: ____ / ____ / ____

Account details

Retailer (if not Momentum): _____

Account number: _____

NMI: _____
(This is the meter identification number found on your meter and on your bills.)

Acceptance

I confirm that the information I have provided is true and correct.

Account holder's signature: _____

Date: ____ / ____ / ____

How to return this form

Please complete all relevant details and return this form to us by email, fax or post:

Email: info@momentum.com.au **Fax:** (03) 9620 1228

Post: Momentum Energy, PO Box 353 Flinders Lane, Melbourne VIC 8009