

MEDICAL PLUS SUPPLIES

Ventilator Protocol

UTILITY AND CRITICAL SERVICE NOTIFICATION LETTER

Copies of this form letter are provided TO THE PATIENT / CAREGIVER to send to their utility providers (electric, telephone, heat, water). Because of HIPAA, Medical Plus Supplies may not directly send this letter to the utilities.

Date: _____

Re: Patient's Name: _____

Address: _____

Telephone #: _____

Closest Contact Person: _____

Dear Sir:

The individual above is being sustained at home with a ventilator ("respirator") powered by electricity and this ventilator is a life-support device.

If there should be a power failure or other emergency, this family must be given priority service

PLEASE TREAT ALL CALLS REGARDING THIS PERSON AS A PRIORITY

If we can be of any assistance to you, please do not hesitate to call at once. Please verify your acknowledgement in writing to us:

Medical Plus Supplies
PO Box 84110
Houston, TX 77584

Thank you for your concern in this matter.