



VICTORIA ELECTRIC COOPERATIVE, INC.

P.O. BOX 2178
VICTORIA, TEXAS 77902

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AC 512 573-2428
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Victoria Electric Cooperative Critical Care Account Form

Member Account Number: _____ Meter# _____

Name of Account Holder: _____

Name of Critical Care Person: _____

Relationship to Account holder: Self Spouse Parent Renter

Other, please specify _____

Contact Information: Please include both day and evening numbers.

Telephone number(s) of Account Holder: _____

Telephone number(s) of Critical Care Provider or live-in caregiver, if different than Account Holder: _____



To be completed by physician – Please type

Description of Patient's Condition: _____

Critical medical equipment at the residence requiring electric power for operations:

Name of Physician: _____

Name of Medical Facility at which Physician Practices: _____

Physician's mailing address: _____

Physician's Phone Number: _____

Note to Physician: With regard to planning power outages, Victoria Electric Cooperative (VEC) will attempt to contact your patient requiring electrically-power medical equipment in advance so that they can make arrangements for transport to another location, if necessary. However, because of the wide variety of circumstances under which (unplanned) power outages occur, VEC cannot guarantee restoration time. If your patient has critically important medical equipment that requires electric power for operation, they should have a back-up source of power available at their residence.

Signature of Licensed Medical Doctor

Date Signed