

# MEDICAL PRIORITY

Rusk County Electric Cooperative, Inc.  
P.O. Box 1169  
Henderson, TX. 75653

## FOR RCEC OFFICE USE ONLY:

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Acct: \_\_\_\_\_ Map: \_\_\_\_\_  
Sub: \_\_\_\_\_ Fdr: \_\_\_\_\_ Section: \_\_\_\_\_  
County: \_\_\_\_\_ District: \_\_\_\_\_

Account Name: \_\_\_\_\_ A/C Number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_

Their telephone: \_\_\_\_\_

### PLEASE HAVE YOUR DOCTOR COMPLETE THIS PART

Patient's name: \_\_\_\_\_

Life-sustaining electric equipment: \_\_\_\_\_

(i.e., electrically driven oxygen concentrator, nebulizer, suction machine, feeding pump, dialysis machine)

Doctor's name--please print \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_