



Notification of Installation/Removal of Life Support Equipment South Australia

Medical Practitioner/Hospital certification

I (doctor/medical practitioner)

hereby certify a person residing at the above supply address requires the Life Support Equipment as indicated above.

Signature Of Medical Practitioner

Date

D	D	M	M	Y	Y	Y	Y
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Stamp Of Medical Practitioner

Please send completed form to:

ENGIE

GPO Box 4408, Melbourne, VIC 3001

or Fax: 13 88 58

To contact Energex, call 13 12 53.

Removal of life support equipment

If you no longer require Life Support equipment, please complete this section as well as the 'Account holder details' section of this form.

Note: A new notification form must be completed each time you register Life Support at a new supply address.

I (full name)

hereby certify that there is no longer a Life Support Equipment requirement for the address above.

Reason for removal

Signature

Date

D	D	M	M	Y	Y	Y	Y
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