## momentum energy

## Life support and machine notification

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

Your details	Medical declaration
☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Other	Ask your hospital worker, nurse or doctor to complete this section.
Given names:	I can confirm the equipment listed on this form:
Surname:	a) is/will be installed and
Supply address:	<ul> <li>b) is a life support requirement for a person living at the supply address.</li> </ul>
Suburb:	Name:
State: Postcode:	Job title:
Home phone:	Hospital/practice:
Mobile phone:	Phone:
Email:	Signature and stamp:
Postal address (if different from above):	
	Date:/
Suburb:	Account details
State: Postcode:	Retailer (if not Momentum):
Equipment details	Account number:
The following equipment is in use at the supply address:	National Metering Identifier (NMI):
Oxygen concentrator  Date of installation://	(This is the meter identification number found on your meter and on your bills.)
☐ Intermittent peritoneal dialysis machine  Date of installation://	Required life support protection start date:
☐ Kidney dialysis machine  Date of installation:////	/
Chronic positive airways pressure respirator  Date of installation://	Acceptance I confirm that the information I have provided is true
☐ Ventolin nebuliser  Date of installation:///	and correct.  Account holder's signature:
☐ Ventilator Date of installation://	
Crigler najjar syndrome phototherapy equipment  Date of installation://	Date:/
Other (please specify):  Date of installation: / /	

## How to return this form

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

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

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