

**Physician's Certification
Medical Alert Customer Status**

Dear Unitil Customer:

Unitil needs you and your doctor to fill out this form in order for us to put a Medical Alert flag on your account. Please fill in all of the information under "CUSTOMER" and then give this form to your doctor. The doctor should complete the section under "PHYSICIAN" and FAX or MAIL the completed form back to Unitil from their office. Thank you for your cooperation.

CUSTOMER

DATE:	CUSTOMER OF RECORD:		
PATIENT NAME AND RELATIONSHIP TO CUSTOMER (IF DIFFERENT THAN CUSTOMER OF RECORD):			
CUSTOMER SERVICE ADDRESS:			
CITY:	STATE:	ZIP:	Email:
UNITIL ACCOUNT #:	Primary TEL #: ()	2nd TEL #()	
3rd PARTY CONTACT (Optional) – NAME:		TEL NUMBER: ()	

I hereby authorize the release of medical information necessary for the completion of this physician's certificate of medical condition form:

SIGNATURE:	DATE:
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TO BE COMPLETED IN FULL BY Physician, RN, Physician's Assistant or Mental Health Practitioner

PHYSICIAN'S NAME:	LICENSE NUMBER:	
ADDRESS:		
CITY:	STATE:	ZIP:
E-MAIL:	TELEPHONE NUMBER: ()	

The above customer has told Unitil that they or someone living in their home has a medical emergency and requires a temporary protection from termination of gas service. We will identify this customer's Unitil account with the appropriate status flag provided you certify in writing confirming this situation. Thank you for your cooperation.

Physician Signature: _____

Date:	Patient's Name:
Description of Medical Condition:	
Medical Equipment Being Used:	

**PHYSICIANS: PLEASE FAX OR MAIL THIS FORM FROM DOCTOR'S OFFICE TO UNITIL WITHIN SEVEN (7) DAYS.
Confidential, Attended FAX # 603-227-4784**