



Lorain-Medina Rural Electric Cooperative, Inc.
22898 West Road Telephone: (440) 647-2133
PO Box 158 (800) 222-5673
Wellington, Ohio 44090-0158 Fax: (440) 647-4870

Website: www.lmre.org
Email: lmre@fesco-oh.org

Medical Certification Form

In accordance with the requirements of Ohio Law relating to electrical service, we respectfully request that the attending physician and/or authorized health official please complete and certify the following information and return to:

LORAIN-MEDINA RURAL ELECTRIC CO-OP INC.
P.O. BOX 158
WELLINGTON, OHIO 44090

I hereby certify _____, a resident at
(Full name of patient)

_____, _____, _____
(Address) (City) (State)

Dependent upon a medical life-support system, apparatus or machine, in their place of residence.

A matter of life or death to keep electric on other than mentioned above.

The above mentioned patient is confined to said residence for the following period (_____). While receiving medical treatment and/or recovering from an illness.

All signed statements are effective for one year from date of signature.

Licensed Physician Signature

Date of Signature

Expiration Date

Account # _____