

Medical Confirmation Form

Date

To ensure that your account remains registered with Pacific Blue Retail and your distributor, use this form to provide medical confirmation. As part of managing your life support registration we will disclose your personal information, including health information to your distributor and field vendors. **We may deregister your premises as having requirements for life support equipment if you do not complete and return this form within 50 business days of receiving it.**

You must send your completed form by:

- Post to:
Pacific Blue Retail, PO Box 320 Geelong North Vic 3215
- Scan and email to lifesupport@pacificblue.com.au

If you have any queries regarding this form, wish to request more time to complete and return or require further assistance, please contact us on 133 669 from Monday to Friday between 8:30am and 6:00m (AET)

I have life support equipment at my premises and I wish to have the residence registered as life support dependent at this address. I agree to inform Pacific Blue Retail if the person for whom the life support equipment is required for vacates the premises or no longer requires the life support equipment.

I acknowledge these conditions and certify any information given below is true and correct.

Returning your completed form will satisfy your requirement to provide medical confirmation under the relevant rules and regulations in order to maintain life support registration at your premises. Please be advised, VIC or NSW residents may be eligible for any applicable state government life support concessions or rebates. To ensure you receive any eligible concessions or rebates, you are required to complete the relevant state government forms.

1. Personal Information

Title: First Name: Surname:

Energy supply required for life support equipment: Electricity: Gas:

Electricity account number:

Gas account number:

SERVICE ADDRESS

Street No: Street Name:

Suburb: State: Postcode:

Telephone: Work/Mobile Number:

Date you require energy supply for the purposes of life support equipment:

2. Life Support Equipment

I, or a member of my household use the following life support equipment at this premises:

- | | | |
|--|---|---|
| <input type="checkbox"/> Chronic positive airways pressure respirator/devices | <input type="checkbox"/> Phototherapy equipment | <input type="checkbox"/> Oxygen concentrator |
| <input type="checkbox"/> Chronic positive airways pressure respirator/devices (24hr) | <input type="checkbox"/> Intermittent peritoneal dialysis machine | <input type="checkbox"/> Crigler Najjar syndrome phototherapy equipment |
| <input type="checkbox"/> External heart pump | <input type="checkbox"/> Kidney dialysis machine | <input type="checkbox"/> Enteral feeding pump |
| <input type="checkbox"/> Ventilator for life support | <input type="checkbox"/> Total Parenteral Nutrition (TPN) pump | |

Other equipment certified by a medical practitioner (please detail):

3. Medical Practitioner Confirmation

I, (Doctor)
hereby certify that a person residing at the above address requires the life support equipment indicated above.

Provider Number: Name of medical practice/hospital where patient was reviewed:

Signature and stamp of the medical practitioner: Date:

4. Customer Confirmation

I,
hereby certify that the details provided above are true and correct, and I declare that I am responsible for the accounts at this service address where life support equipment is installed.

Customer's signature: Date:

Our Privacy Policy is available at <https://www.pacificblue.com/privacy>. It explains how your personal information is used (including health information), your access rights to your information and third parties we exchange information with.