



Emergency Medical Certificate

Certificado médico de emergencia

PGE Customer Information / Información del cliente de PGE

Name Nombre	Address Dirección	PGE Account Number (10-digits) Número de cuenta de PGE (10 dígitos):	Contact Phone Number Número de teléfono de contacto:

Oregon Administrative Rule (OAR 860-021-0410) states only a qualified medical professional (licensed physician, nurse practitioner or physician assistant) can complete and sign this application. Please complete if interruption of electrical service would significantly endanger the physical health of the patient. Per OAR, PGE is permitted to verify the accuracy of the form.

La Oregon Administrative Rule (OAR, Norma Administrativa de Oregon, 860-038-0300) establece que solo un profesional médico calificado (médico con licencia, enfermero o asistente médico) pueden completar y firmar esta solicitud. Complétela en caso de que la interrupción del servicio eléctrico ponga en peligro de manera significativa la salud física del paciente. Según la OAR, PGE puede verificar la exactitud del formulario.

IMPORTANT: If you are past due or pending disconnection, please contact us to make arrangements prior to the due date at 800-542-8818. For any other questions regarding the application and program details, please contact the Medical Certificate Team at 503-612-3838.

IMPORTANTE: Si el servicio está vencido o pendiente de desconexión, llámenos al 800-542-8818 para hacer los arreglos necesarios antes de la fecha de vencimiento. Si tiene preguntas sobre la solicitud y los detalles del programa, comuníquese con el equipo de Certificados Médicos al 503-612-3838.

To be completed by a licensed medical professional / Debe completarlo un profesional médico con licencia

A	I certify I am a <input type="checkbox"/> Licensed physician <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Physician assistant (<i>authorized to diagnose and treat</i>)		
B	Patient's first and last name		
C	Patient's relationship to the PGE customer (<i>see above</i>)		
D	Patient's diagnosed condition		
E	This condition is <input type="checkbox"/> Non-chronic; <i>duration, in months</i> _____ <input type="checkbox"/> Chronic		
F	What electrical equipment is required for treatment of the condition?		
G	How will the physical health of the patient be significantly endangered by the loss of the electrical equipment listed above?		
H	Medical professional name and title (<i>print</i>)	License No.	
	Signature X	Phone No.	Date

Have questions?

Please call 800-542-8818 ext. 3838.

Ready to submit?

Fax completed form to 503-612-3824 or mail to PGE Medical Certificates, 7895 SW Mohawk St., Tualatin, OR 97062.

¿Tiene alguna pregunta?

Llame al 800-542-8818 ext. 3838.

¿Está listo para enviarlo?

Envíe el formulario completo por fax al 503-612-3824 o por correo postal a PGE Medical Certificates, 7895 SW Mohawk St., Tualatin, OR 97062.

PGE office use only / Solo para uso de la oficina de PGE

PGE customer name

Origination date	Expiration date	Case	Premise	Status	Date processed
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