

STANDARD MEDICAL CERTIFICATE FORM

To Be Completed By The Physician, Nurse Practitioner, or Physician's Assistant

Name of the customer or applicant in whose name the utility account is or will be registered:

Utility account number (optional):

Address of the customer or applicant in whose name the utility account is or will be registered:

Name and address of patient if different from the customer or applicant above:

Relationship of patient to customer or applicant if patient is different from the customer or applicant above:

Anticipated length of the affliction/medical condition:

Printed name of the Physician, Nurse Practitioner, or Physician's Assistant:

License number of the Physician, Nurse Practitioner, or Physician's Assistant:

Office address and Office Phone number of the Physician, Nurse Practitioner, or Physician's Assistant:

Signature (or E-signature) of the Physician, Nurse Practitioner, or Physician's Assistant and the Date signed: