Date: [Date]

To: [Utility Company Name]
Account Number: [Your Account Number]
Service Address: [Your Full Address]

Subject: MEDICAL CERTIFICATION FOR CONTINUED UTILITY SERVICE

To Whom It May Concern,

I am writing to formally certify that [Patient Name], who resides at the address listed above, has a medical condition that requires the use of temperature-sensitive medications. These medications must be kept refrigerated at all times to maintain their efficacy and safety.

The specific medication(s) requiring refrigeration include: [List Medications, e.g., Insulin, Biologics].

A loss of electrical service would result in the spoilage of these life-sustaining medications, posing an immediate and serious threat to the patient's health. Therefore, I am requesting that this household be granted "Medical Essential" or "Critical Care" status to prevent any disconnection of utility services due to non-payment or scheduled maintenance without advanced notice.

This medical necessity is: [ ] Permanent / [ ] Temporary until [Date].

If you require further verification, please contact my office at [Phone Number].

Sincerely,

Physician Name: _____
Medical License #: _____
Clinic/Hospital Name: _____
Physician Signature: _____

Customer Acknowledgment:

I authorize my healthcare provider to release this information to [Utility Company Name] for the purpose of maintaining my utility service for medical reasons.

Customer Signature: _____ **Date:** _____