

# Form 7: Serious Illness/Utility Shut-Off Letter (Form for Physician to Fill Out)

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*Name of doctor/ health center*  
*Address*

*Date*

*Utility company*  
*Street Address*  
*City, ST 00000*

Attn: Customer Service Department

Re: \_\_\_\_\_ *(patient's name)*  
\_\_\_\_\_ *(patient's address)*

To Whom It May Concern:

\_\_\_\_\_ *(patient's name)* is a patient of mine. S/he is currently receiving treatment for \_\_\_\_\_ *(name of illness)*, which is characterized by the following symptoms:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This patient's illness is serious and chronic in nature. I feel that loss of utility services could be detrimental to her/his health.

Sincerely,

*(Physician's signature)*

cc: Consumer Division  
Dept. of Telecommunications and Energy  
1 South Station  
Boston, MA 02110