## Form 7: Serious Illness/Utility **Shut-Off Letter**

(Sample Physician's or Health Care Provider's Letter)

Neighborhood Health Center 1 Main Street Boston, MA 02108 March 15, 2017

Local Electric Company

| l Center S<br>Boston, M |  |
|-------------------------|--|
| Attn:<br>Re:            | Customer Service Department Kevin Doe, 25 Main Street, Boston MA 02108(add utility account number, if available) |
| To Whom                 | It May Concern:  |
| I am a ped              | iatrician at Neighborhood Health Center, where I treat Kevin Doe.  |
|                         | ers from Attention Deficit Hyperactivity Disorder (ADHD). Kevin's ADHD is a d chronic illness.                   |
|                         | Sincerely,   |
|                         | John Roe, M.D.   |