**<Month ##, 20##>**

**Contact
Information

PATIENT DETAILS**

<Patient Name>

<Patient Relation to Account Holder>

<Patient Phone 000.000.0000>

**VAD TEAM CONTACT AT** <Hospital Name>

<VAD Contact Name>

<000.000.0000>

<email>

<Utility Company>

<Address>

<Phone>

RE: Electronically Operated Medical Equipment
Account #:
Account Holder’s Name:
Service Address:

**Attention Supervisor,**

This letter is to inform you that one of our patients is being discharged into your community. We want to let you know because this patient has special healthcare needs.

The patient has a Heartmate 3TM LVAD or "heart pump". The device is implanted alongside the patient's native heart. It takes over the pumping function of their sick or weakened heart so that the lungs, organs, and tissues get the oxygen-rich blood they need. The LVAD is a life-sustaining device.

Although batteries can power the device short-term, its primary power source is AC power from an electrical outlet. Therefore, we are requesting that the patient be put on a priority power restoration list in the event of an electrical power outage. The contact information for this patient appears to the left.

Thank you in advance for your assistance. If you have questions about the device or its reliance on AC electricity, please feel free to contact me directly at the telephone number listed below.

Sincerely,

**Ventricular Assist Device (VAD) Team at <Hospital Name>**<Phone Number>