



MEDICAL DEVICE AUTHORIZATION FORM

If purchasing Medical Device, please complete sections A & B
If purchasing an Automated External Defibrillator (AED) unit, please complete sections A & C

Dear Valued Customer,

In order to ship you medical devices, we must have authorization from a licensed physician or other authorized prescriber. This individual needs to fill out the form below and fax a copy of this page and a photocopy of their license to 800-222-1934.

If your School/Facility does not have a licensed physician or other authorized prescriber, but is licensed to purchase prescription medical devices, please fax a copy of the license and this form for identification to 800-222-1934.

A) Name of School/Facility: _____
Attention: _____ Customer #: _____
Address: _____
City & State: _____ Zip: _____
Phone: _____ Fax: _____
E-Mail: _____

B) I hereby authorize the internally designated representatives named below to order prescription products for this School/Facility. (please print)
1. _____ 2. _____

Type of authorization: Unlimited Limited (please attach list of products)

Physician/Authorized Prescriber Signature: _____

Physician/Authorized Prescriber Name (please print): _____

* State License Number: _____

* DEA Registration Number: _____

* Must include photocopy of license

C) I hereby acknowledge that I am aware that medical devices are intended for use by a physician or a person certified or trained to use such device.

Name (please print): _____

Title: _____

State License/Certification Number: _____

Signature: _____ Date: _____