



Medical Prescription for Automated External Defibrillator

The FDA categorizes an AED as a restricted, medical prescription device in certain circumstances. This means that some AEDs may only be purchased and/or used under certain conditions and under the supervision of a licensed physician. Each AED owner must follow the applicable federal, state and local laws and regulations. Please fill in the appropriate information below, have your licensed Medical Doctor sign the form and return (mail or fax) this form to the following address:

Emergency Responders Network, Inc. 27 West Anapamu St., Ste 174 Santa Barbara, CA 93101	Telephone: 866-70-DEFIB Fax: 805-898-9944
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Customer Name and Address: _____

Contact Person and Telephone Number: _____

Product(s) Ordered: _____

Location of AED placement (please attach additional locations if necessary):

Authorizing Physician's Information and Authorization:

Physician Name and Address: _____

Physician's License number:

Physician Telephone Number: _____

Authorizing Physician Signature

Date

Customer (business owner) Name (print) _____ Title/Department _____ Date _____

Customer Signature - by signing this document, I agree to follow the applicable federal, state and local laws and regulations.