

# **Medical Authorization Form**

This form is required at the time of purchase, your order will not ship until this form has been submitted. Please fax to: 1-585-427-8666 or mail to Fieldtex Products, Inc. Attn: Medical Sales 3055 Brighton-Henrietta TL Road Rochester, NY 14623.

***This Certificate of Authority is executed on behalf of the below named Company/School which is authorized to purchase Medical Device(s) from Fieldtex Products, Inc.***

**A).**

Medical device being ordered: (please check box)

Zoll AED Plus Package 922-11967  First Voice Basic Rollout Set with AED 922-11983

**B).**

Company/School Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Fax: (    ) \_\_\_\_\_ - \_\_\_\_\_

**C).**

The company/school named above is solely responsible for meeting all federal, state and local training requirements and laws concerning emergency response procedures and use of automated external defibrillator(s). Physician's name, license number and signature is required.

Physician/Authorized Prescriber Name: \_\_\_\_\_

State License Number: \_\_\_\_\_

(please also attach photocopy of license)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The Food & Drug Administration considers defibrillators to be prescription devices pursuant to 21 CFR 801.109 and medical authorization is required. Most states provide immunity from civil liability to the physician prescribing an AED. State legislation can be accessed through your state's website, medical board or online at: <http://www.aedhelp.com>.

**D).**

I hereby acknowledge that I am aware that the following Medical Device:  Zoll AED Plus Package 922-11967  First Voice Basic Rollout Set with AED 922-11983 is intended for use by a physician or a person licensed by state law.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*If AEDs are to be located in other locations besides the address listed, please attach a separate list and submit with this form.\*\***

**\*\*\*PLEASE INCLUDE A COPY OF THE STATE LICENSE FOR THE ABOVE NAMED PRACTITIONER.\*\*\***

***Fieldtex Products, Inc.***

***3055 Brighton-Henrietta TL Road • Rochester, NY 14623 • Phone: 1-800-772-4871 • Fax: 1-585-427-8666 • www.fieldtex.com***