

Medical Prescription Form

Required at time of purchase, please detach and include with order.

School Name: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Phone: () _____ Fax: () _____

Prescription/Authorization for Automated External Defibrillator (AED)

Serial # of previously ordered AED on file with SNS: _____

Physician/Authorized Prescriber Name: _____

Physician/Authorized Prescriber Address: _____

Phone: () _____ Fax: () _____

Signature: _____ Date: _____

The Medical Authorization Form is required at the time of purchase when filling a prescription for an Automated External Defibrillator (AED), as well as all pediatric pads. AEDs are FDA regulated medical devices. A prescription to acquire the unit from a board-certified physician in the state the unit will be located in is required by federal regulation. In addition, a licensed physician or medical authority will ensure that all designated responders are properly trained; that the AED is properly maintained; and that the program meets all requirements, which may vary from state to state.

*The HeartStart OnSite is the only AED unit that does not require a prescription.