

## AED/DEFIBRILLATOR MEDICAL AUTHORIZATION

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 on <http://www.aedhelp.com>

This serves as Medical Authorization for External Defibrillators and Automated External Defibrillator(s) ("AED(s)") as indicated below

1. Recipient of the AED Medical Authorization [check appropriate box(es)]:

- Individual/Patient  
 Business  
    \_\_\_ Single Location  
    \_\_\_ Multiple locations

2. Name of recipient of AED(s): \_\_\_\_\_

3. Address for each location at which an AED will be located:

Location Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Contact/Title: \_\_\_\_\_

Location Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Contact/Title: \_\_\_\_\_

*If more locations are provided for under this Medical Authorization, please attach a separate piece of paper listing the required contact information for each location.*

List any restrictions to this Medical Authorization, if applicable: \_\_\_None\_\_\_\_\_

Authorizing Physician: [please print]

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Return form to:**  
HeartSafe America, Inc.  
13731 Omega Rd  
Dallas, TX 75244

Phone: 972-248-9477  
Fax: 775-366-0878

Physician's Signature: \_\_\_\_\_

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

**Update HeartSafe America, Inc. with any changes to this Medical Authorization**