Automatic External Defibrillator (AED) Medical Authorization

The Food and Drug Administration considers defibrillators to be prescription devices pursuant to 21 CFR 801.109 and medical authorization is required.

This document provides Medical Authorization for one or more Automatic External Defibrillator(s) (AED(s)) as indicated below:

1. Recipient of the AED Medical Authorization (check all that apply):
   - o Individual/Patient
   - o Business: number of locations: _____
2. Name of recipient of AED(s): _____
3. Address for each AED location:

AED #1

Location Name _____

Street: _____

City/State/Zip: _____

Phone Number: _____E-mail:_____

Contact/Title: _____

AED #2

Location Name: _____

Street: _____

City/State/Zip: _____

Phone Number: _____E-mail:_____

Contact/Title: _____

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

List any restrictions to this Medical Authorization, if applicable: _____
_____

Authorizing Physician (please print):

Name: _____

Street: _____

City/State/Zip: _____

Phone Number: _____Fax Number:_____

Physician's Signature: _____ Date: _____

Return to:
LifeSavers, Inc.
39 Plymouth St.
Fairfield, NJ 07004
Phone: (973) 244-9111
Fax: (973) 244-1666