



Medical Device Authorization Form

If purchasing an Automated External Defibrillator (AED) unit or other medical device please complete.

Dear Valued Customer,

In order to ship you medical devices, we must have authorization from a licensed physician or other authorized prescriber. This individual needs to fill out the form below and fax/email a copy of this page and a photocopy of their license to customersupport@performancehealth.com or 1-800-547-4333.

If your facility does not have a licensed physician or authorized prescriber, but is licensed to purchase medical devices, please fax/email a copy of this page and a photocopy of their license to customersupport@performancehealth.com or 1-800-547-4333.

Name of Facility: _____

Attention: _____ Customer #: _____

Address: _____

City & State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

I hereby acknowledge that I am aware that medical devices are intended for use by a physician or a person certified or trained to use such a device.

Name: _____

Title: _____

State License/Certification Number: _____ Expiration: _____

Signature: _____ Date: _____