



## AED / Defibrillator Medical Authorization

The Food & Drug Administration considers LIFEPAK® defibrillators to be prescription devices pursuant to 21 CFR 801.109. Physician / 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 or medical board.

This serves as Medical Authorization for External Defibrillators and Automated External Defibrillators (AEDs) as indicated below.

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

- Individual
- Business or non-profit organization
- Government agency

Name of recipient of AED(s):

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

Location Name:			
Street:			
City:	State:	Zip:	
Contact:	Title:	Phone number:	

Location Name:			
Street:			
City:	State:	Zip:	
Contact:	Title:	Phone number:	

Location Name:			
Street:			
City:	State:	Zip:	
Contact:	Title:	Phone number:	

List any restrictions to this Medical Authorization, if applicable:

Signature: Date:

# Terms and Conditions

## Purchaser's Acceptance

The Reading Hospital public access defibrillation program purchaser acceptance agreement.

Date:		Contract Number:	S00689
Customer:	The Reading Hospital and Medical Center	Sales Representative:	Peter Wade
Effective Date:	10/27/2018	Expiration Date:	10/26/2021
Purchaser Name:		Contact Name:	
Street:			
City:	State:	Zip:	
Phone:	Fax:	Email:	

The Reading Hospital and Physio-Control, Inc. entered into a **Public Access Defibrillation Program Agreement** ("Agreement") which is attached hereto as Terms and Conditions.

The Reading Hospital desires to implement a Public Access Defibrillation ("PAD") program in the Reading, Pennsylvania area which ensures availability of AED products to public and private persons and entities who are citizens of Reading and surrounding areas ("Purchaser") through the initiation and implementation of this program.

Purchaser desires to participate in the PAD program and purchase the products and services directly from Physio-Control at the prices that are set forth in the Agreement, and agrees to be bound by the terms and conditions of the Agreement.

Physio-Control, Inc	Credit Card Information
By:	Card #
Name:	Expiration:
Title:	Name on the Card:
Date:	PO/Reference #:

Signature:	
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Please sign and fax your completed order form to 1.800.426.8049 or scan and email the signed form to [rs.seacustomersupport@physio-control.com](mailto:rs.seacustomersupport@physio-control.com)

**Update Physio-Control with any changes to this Medical Authorization.**

For further information, please contact Physio-Control at 800.442.1142, option 2.



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