

***Certificate of Authority***  
Physician's Prescription for Medical Device

*This Certificate of Authority is executed on behalf of the organization mentioned below which is authorized to purchase AED(s) with the supervising prescribing physician named below. The organization is solely responsible for meeting all federal, state and local governmental compliance issues and training requirements in accordance to any standards and protocols concerning the purchase and placement of all AED's.*

**> Organization Information**

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**> AED Information**

AED Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Address where AED is located: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Placement in/around Address: \_\_\_\_\_

**> Physician Information**

Physician's Seal of Approval to Purchase AED: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_