



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):
 - Individual/Patient
 - Business: number of locations _____
 - Educational: number of locations _____

2. Name of recipient of AED(s): _____

3. Address for each AED location:

Location Name: _____

Street Attn: _____

City/State/Zip: _____

Phone: _____ 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: _____ Fax: _____

Physician's Signature: _____ Date: _____

Return to:

Raven Maria Blanco Foundation, Inc
2748 Sonic Drive
Virginia Beach, VA 23453
Fax: 757.521.8328
Phone: 757.301.9472 Ext. 3
Email: info@rmbfinc.org



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Additional Addresses

Location Name: _____

Street Attn: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Contact/Title: _____

Location Name: _____

Street Attn: _____

City/State/Zip: _____

Phone : _____ E-mail: _____

Contact/Title: _____

Location Name: _____

Street Attn: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Contact/Title: _____

Location Name: _____

Street Attn: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Contact/Title: _____