



Medical Device Authorization Form

Thank you for your interest in purchasing Medical Devices from North American Rescue, LLC. In order to process your request in a timely manner the following information is required. By signing and submitting this form it allows your organization to purchase Medical Devices under the supervision of a medical practitioner. A "Medical Device" is classified as a device which requires direct supervision by a medical practitioner and/or a label which may be associated with the product reflecting "Caution or RX Only".

Customer Name: _____ Date: _____

Account Number: _____

Ship to address: _____

City, State, Zip: _____

People authorized to purchase on behalf of your agency:

Name: _____
Email: _____
Phone: _____

Name: _____
Email: _____
Phone: _____

Name: _____
Email: _____
Phone: _____

Name: _____
Email: _____
Phone: _____

Check here if additional ship to addresses or people are approved and attach.

I, _____, hereby authorize the above mentioned to purchase Medical Devices from North American Rescue, LLC.

Medical Director Name (please print): _____

Medical Director Name (please sign): _____

Phone Number: _____ Fax Number: _____ Date: _____

State Medical License Number: _____ Expiration: _____

This form and a copy of the state medical license must be returned via fax, mail, or email to:

**Fax: 864-675-9880 • Attention: MDA/Customer Service • Email: MDA@NARescue.com
Mail to: North American Rescue, LLC. • 35 Tedwall Court • Greer SC • 29650**

Note:

It is the agency's responsibility to maintain this information and provide current license information as expiration dates draw close or changes occur.