



NORTH AMERICAN RESCUE

www.SurvivalMetrics.com • 877.968.2012
7550 W. Yale Ave. Ste. A-225 Denver, CO 80227

Medical Device Authorization Form

Thank you for your interest in purchasing Medical Devices from Survival Metrics, LLC and 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 practioner**.

A "Medical Device" is classified as a device which requires direct supervision by a medical practioner 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: _____

Name: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Name: _____

Name: _____

Email: _____

Email: _____

Phone: _____

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 Survival Metrics, LLC and 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 mail or email to:

Mail to: Survival Metrics, LLC 7550 W. Yale Ave. Ste. A-225 Denver, CO 80227 • Email: info@survivalmetrics.com

Note:

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