Because Duty Calls.
QUARTERMASTER
qmuniforms.com • 800-444-8643
1340 Russell Cave Road • Lexington, KY • 40505

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: _____

Order Number: _____

Shipping Address: _____

City, State, Zip: _____

People Authorized to Purchase on Behalf of Your Agency

Name: _____ Name: _____

E-mail: _____ E-mail: _____

Phone: _____ Phone: _____

Name: _____ Name: _____

E-mail: _____ E-mail: _____

Phone: _____ Phone: _____

☐ Check Here if Additional Shipping 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, E-Mail or Mail to:

Fax: 866-290-3389 Attention: ID Department E-mail: id@galls.com
Mail to: 1340 Russell Cave Road Lexington, KY 40505
** If returning via e-mail please send this form as an attachment*

Note:

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