

# Physician Order Form - Automatic External Defibrillator (AED)

Ordering Physician	Physician's Address	Supplier Information
_____ _____ _____ <b>Phone</b> _____ <b>Fax</b> _____	_____ _____ _____	<b>Cardiac Care Supply Co.</b> 789 Heartbeat Ave, Suite 300 Wellness City, CA 90210 <b>Fax:</b> 800-555-9876 <b>Call:</b> 800-123-4567

**Patient Name:** \_\_\_\_\_

**Patient DOB:** \_\_\_\_\_

**Diagnosis:**

- ☐ ☒ Cardiac Arrest (I46.9)
- ☐ ☐ Arrhythmias (I49.9)
- ☐ ☐ Other: \_\_\_\_\_

**AED Model:**

- ☐ ☒ Automated External Defibrillator (E0401)
- ☐ ☐ Other Model: \_\_\_\_\_

**Additional Accessories:**

- ☐ ☒ Adult Pads (A9279)
- ☐ ☒ Pediatric Pads (A9279)
- ☐ ☐ Other: \_\_\_\_\_

**Special Instructions:**

\_\_\_\_\_

**Follow-up Appointment:**

- ☐ ☒ Required
- ☐ ☐ Not Required

**Physician's Signature:** \_\_\_\_\_

**NPI:** \_\_\_\_\_

**License:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please Fax To: 1-800-555-9876**