Guardian EMS Products
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# Medical Authorization Form

| | | | |
|---|---|---|---|
| Customer/Facility Name: | | | Customer ID: (If Available) |
| Customer/Facility License Number: | | | License Expiration Date: |
| Contact Name: | | | Contact Phone Number: |
| Email Address: | | | |
| Address: | City: | State: | Zip: |

**The following section is to be completed by your Medical Director, Physician or Pharmacist.**

As a Medical Director (Physician) or Pharmacist, I am licensed to authorize and do give my permission for the customer above to purchase *Unlimited* Medications and Medical Devices (No Narcotics).

**Medical Director's (Physician's) or Pharmacist's License Number: _____ Expiration Date: _____**
(A copy of your License must be submitted with this form)

| | | |
|---|---|---|
| Medical Director (Physician) or Pharmacist Name: (Please Print) | Title: | |
| Email Address: | Phone Number: | |
| Signature: | | Date: |

**Please complete this form and**
***submit a copy of the appropriate customer/facility license(s)***
**by fax to 559-553-4479, by email to info@guardianemsp.com *or* by mail to 8248 W Doe Avenue, Visalia, CA 93291.**