

	orders@viaheartproject.or			
Date:				

Annual Maintenance Program Order Form

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Organization Information:				Our Annual Maintenance Cardiac Science devices)		
Company:				The program includes the		•
Address:					-	WITCO 5 01 (1 00 5).
City:				-Site assessment assista -Policy and procedure		
State:	Zip:			-Local PSAP registration		
Phone:	Fax:			-Medical direction-Monthly maintenance	e-mails	
E-mail:				-Battery and pad expira	ation date tracking	`
Contact Name:				-Event evaluation (afte -Upgrade assistance	r the device is used)
L				-Recall assistance -Trained responder trace	rking	
AED Information:				-Complimentary pad re	eplacement (in the e	
				-Complimentary replace expiration)	ement electrodes ar	ad battery (upon
Please attach additional information f	or more than	2 AEDS.)				
Location Name:				If battery and electrodes a replace expired supplies.		
Address:			_	required)		,
State:	Zip:		_	*Pricing is subject to char	ige	
Site Contact Name (responsible for monthly checks):			Billir	ng Information:		Same as Organizatio
Direct Phone:			Compa	any:		
E-mail:			Contac	t Name:		
			Phone:			
			E-mail	:		
AED # 1 Make & Model:						
Serial Number:						
Exact Placement: (ex. by water fountain in main hallway)			•	t Information:		
Battery Expiration:			O			
Electrode Expiration:			○ Check			
AED # 2 Make & Model:						
Serial Number:						
Exact Placement: (ex. by water fountain in main hallway)						
Battery Expiration:						
Electrode Expiration:]				