

Medical Emergency Kit for the Dental Office Order and Prescription Form

Please complete all fields in both the Emergency Kit Order and Prescription Form sections

FAX Completed Form to: (403) 762-8548

Upon receipt of the completed order form and prescription we will arrange for and invoice your shipment of the kit.

Emergency Kit Order

Date			
Dentist Name			
Address			
Address			
City			
Province			
Postal Code			
Office Contact Name			
Contact Telephone #			
Contact Email Address			
Quantity & Pricing	Quantity of Kits	Unit Price	Sub-Total
Emergency Kit		\$225.00	
Shipping			\$10.00
GST (8%)			
PST (7%)			
Total			

For more information please go to www.edgewaterproductions.com

Prescription Form

Dentist Name	
Dentist Address	
Dentist Address	
Registration or Licence #	
Telephone # with area code	
FAX # with area code	

RX: Medical Emergency Kit for Office Use – Each kit to contain:

Epinephrine 1:1000 1ml ampoule x 3
 Diphenhydramine 50mg/ml 1 ml vial x 1
 Salbutamol Inhaler 100mcg per dose x 200 doses
 Nitroglycerin sublingual spray 0.4 mg / metered dose x 200 doses

Please include these other non prescription items: *fruit juice, ASA tablets, #11 scalpel, saliva ejector*

Please enroll me in the drug replacement program: Yes No

Signature: _____ Date: _____