

**Public Access Defibrillator Program  
Cypress Creek EMS**

Prescribing Physician	
Prescribing physician's name	
Prescribing physician's address	
I have placed an Automatic External Defibrillator at the following location. I am serving as the prescribing physician for this public access defibrillation program.	
License #	Phone number
Signature	Date

Location of AED	
Company name	
Company address, city & Zip	
Floor and location information	

On-Site Contact Information	
Name of on-site contact	
Email of on-site contact	
Phone number of on-site contact	

AED Training/Equipment	
Person/organization performing training	
Phone number of training organization	
Model name and specific location of AED units.	
Signage Posted in facility: Yes / No	
Number of individuals that completed training and are authorized to use AED	

**Please complete a separate form for each AED Location.** Please mail this completed form to Cypress Creek EMS, Wren Nealy Jr., PAD Program Coordinator, 7111 Five Forks, Spring, TX 77379 fax 281-655-0414. Please call 281-378-0800 with any questions.

For Internal Use Only	Received by:	Date:	Date Dispatch Notified:
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