

Automated External Defibrillators (AED's)

This document includes general information regarding our affordable, safe & easy-to-use heart defibrillators.



Don't wait for help, get trained to help

KmD Medical offers our clients quality & affordable heart-safety solutions. We are your business partner for safety

KmD Medical

(866)876-3578

www. KmDMedical.com

Letter of Introduction

As a provider of heart defibrillators from Philips Medical Systems – the worldwide leader in the AED industry – KmD Medical is a champion of cardiac care, and as a company we are raising the standard of care for our communities by providing the equipment necessary to help save lives. In the event of a medical emergency, having an AED readily available could mean the difference between life-and-death.

Why do we recommend AED's from Philips Medical Systems?



- Philips Medical Systems is the worldwide leader in the AED industry.
- After carefully reviewing all the AED's on the market, we feel the Philips' product-line of defibrillators represents the highest-quality and best-valued AED's available.

Philips Medical Systems' product-line of AED's are the most trusted and clinically-proven devices available on the market.

As proof of its advanced leadership in technology, Philips developed the HeartStart OnSite Heart Defibrillator, the only AED on the market which the FDA does not require a physician's prescription in order to purchase.

- Philips has never had an FDA recall on any of its product-line of AED's and not even one of its devices has ever had a single malfunction during an actual AED usage.

We appreciate this opportunity to assist you to raise the standard of care for your community by providing the equipment necessary to help save lives.

Sincerely,

KmD Medical

Medical Direction Information

MEDICAL DIRECTION OVERVIEW

EACH ORGANIZATION WHICH IMPLEMENTS AN AED PROGRAM IS REQUIRED TO MEET CERTAIN GUIDELINES AND FOLLOW CERTAIN PROTOCOLS IN RESPECT TO MEDICAL OVERSIGHT DIRECTION. KmD MEDICAL SOLUTIONS IS RECOGNIZED WITHIN THE MEDICAL COMMUNITY AS A NATIONAL LEADER IN PROVIDING OUR CLIENTS WITH QUALITY AND AFFORDABLE MEDICAL OVERSIGHT SERVICES.

MEDICAL DIRECTOR BIOGRAPHY

DR. JOHN C. FRIST, MD IS A HIGHLY RESPECTED SURGEON AND A MEMBER OF THE AMERICAN MEDICAL ASSOCIATION (AMA) WHOSE BACKGROUND INCLUDES DECADES OF EDUCATIONAL AND PROFESSIONAL EXPERIENCE IN THE MEDICAL FIELD. AS A PAST PRESIDENT OF THE MEDICAL STAFF AND THE CHIEF-OF-STAFF AT CENTENNIAL MEDICAL CENTER, AS WELL AS THE CHIEF-OF-SURGERY AT PARK VIEW MEDICAL CENTER, DR. FRIST IS A REPUTABLE, ESTABLISHED AND NATIONALLY-RECOGNIZED LEADER WITHIN THE ENTIRE MEDICAL COMMUNITY.

DR. FRIST IS PROFESSIONALLY AND EXPERTLY QUALIFIED TO SERVE AS THE MEDICAL OVERSIGHT DIRECTOR FOR ORGANIZATIONAL AED PROGRAMS.

Program Descriptions

Medical Direction

As an AED is considered a Class IIa Medical Device which is regulated by the FDA, a physician's prescription is required in order to purchase this product. KmD Medical national network of Supervising Physicians provides our clients with the Initial Physician's Prescription necessary to acquire an AED, and medical oversight if your AED is used in an emergency.

COMPLETE MEDICAL OVERSIGHT

Complete AED Management is a full management program that includes all the components of a successful AED program. Site analysis, establishing site AED program manager, free replacement pads after use in emergency, discounts for training and replacing accessories. Quarterly AED inspections, automatic pad and battery replacement upon expiration at a discount, email notifications when you are due for training and will be kept up to date on AED laws.

Features and Pricing

Medical Direction (annual fee)

- 1-5 AED's \$200.00 per AED per year
- 6-10 AED's \$175.00 per AED per year
- 11 or more \$150.00 per AED per year

Complete Medical Oversight (annual Fee)

- 1-5 AED's \$400.00 Per location
- 6-10 AED's \$600.00 Per location
- 11 or more \$900.00 Per location

Purchase Order Request Form

Please fill-in the information below accordingly and fax to KmD.

Product Description	Quantity	Price/Each	Total Price
The Philips OnSite Heart Defibrillator	_____	x \$1,275	= \$ _____



Built upon ease-of-use & simplicity, the **Philips OnSite Heart Defibrillator** is designed as a safe and affordable AED solution.

Each Philips OnSite Includes:

- 1 Slim Carrying Case
- 1 Long-Life Battery Pack
- 1 Sets of Adult Electrode Pads

Accessory Items Available for the Philips OnSite Heart Defibrillator

Standard Carrying case (Can store extra electrode pad)	_____	x \$	130	=	\$ _____
Set of Pediatric Electrode Pads	_____	x \$	95	=	\$ _____
Set of Replacement Adult Pads	_____	x \$	65	=	\$ _____
Replacement Long-Life Battery Pack	_____	x \$	150	=	\$ _____

Additional Accessory Items Also Available

Hard-Shell Water-Resistant Pelican Case	_____	x \$	200	=	\$ _____
AED Storage Cabinet (Wall-Mount / Alarmed-Entry)	_____	x \$	225	=	\$ _____
AED Storage Bracket (Wall-Mount)	_____	x \$	90	=	\$ _____

Recommended Professional Service (see rates above)

Medical Direction (per AED)	_____	x \$	_____	=	\$ _____
Complete Medical Over Sight (per Location)	_____	x \$	_____	=	\$ _____

Total Balance **\$ _____**

Shipping Fees (Free shipping on orders over \$500.00)..... **\$ _____**

Taxable Fees* (A 7% tax-rate will apply for any taxable New Jersey-based organization) **\$ _____**

TOTAL AMOUNT DUE..... **\$ _____**

* No taxable fees will apply for any taxable organization located outside the State of New Jersey.

Purchase Order Request Form

Please fill-in the information below accordingly and fax to KmD.

Product Description	Quantity	Price/Each	Total Price
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The Philips FRX Defibrillator	_____	x \$1,650	= \$ _____
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Built upon ease-of-use & simplicity, the **Philips FRX Heart Defibrillator** is designed as a safe and affordable AED solution.

Each Philips FRX Includes:

- 1 Portable Carrying Case
- 1 Long-Life Battery Pack
- 1 Set of Adult Electrode Pads

Medical Direction (see rates above)	_____	x \$ _____	= \$ _____
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Accessory Items Available for the Philips FRX Defibrillator

Pediatric Electrode Key	_____	x \$ 95	= \$ _____
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Set of Replacement Adult Pads	_____	x \$ 50	= \$ _____
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Replacement Long-Life Battery Pack	_____	x \$ 150	= \$ _____
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Additional Accessory Items Also Available

Hard-Shell Water-Resistant Pelican Case	_____	x \$ 200	= \$ _____
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AED Storage Cabinet (Wall-Mount)	_____	x \$ 225	= \$ _____
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AED Storage Bracket (Wall-Mount)	_____	x \$ 90	= \$ _____
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Recommended Professional Service (see rates above)

Complete Medical Over Sight (per location)	_____	x \$ _____	= \$ _____
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Total Balance	\$ _____
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Shipping Fees (Free shipping on orders over \$500.00).....	\$ _____
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Taxable Fees* (A 7% tax-rate will apply for any taxable New Jersey-based organization)	\$ _____
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TOTAL AMOUNT DUE	\$ _____
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* No taxable fees will apply for any taxable organization located outside the State of New Jersey.

Purchase Order Request Form

Please fill-in the information below accordingly and fax to KmD.

Product Description	Quantity	Price/Each	Total Price
The Philips FR2 Txt Defibrillator	_____	x \$2,250	= \$ _____



Built upon ease-of-use & simplicity, the **Philips FR2 Txt Defibrillator** is designed as a safe and affordable AED solution.

Each Philips FR2 Txt Includes:

- 1 Portable Carrying Case
- 1 Long-Life Battery Pack
- 1 Sets of Adult Electrode Pads

Medical Direction (see rates above) _____ x \$ _____ = \$ _____

Accessory Items Available for the Philips FR2 Txt Defibrillator

Set of Pediatric Electrode Pads	_____	x \$	95	=	\$ _____
Set of Replacement Adult Pads	_____	x \$	65	=	\$ _____
Replacement Long-Life Battery Pack	_____	x \$	150	=	\$ _____

Additional Accessory Items Also Available

Hard-Shell Water-Resistant Pelican Case	_____	x \$	200	=	\$ _____
AED Storage Cabinet (Wall-Mount / Alarmed-Entry)	_____	x \$	225	=	\$ _____
AED Storage Bracket (Wall-Mount)	_____	x \$	90	=	\$ _____

Recommended Professional Service (see rates above)

Complete Medical Over Sight (per AED) _____ x \$ _____ = \$ _____

Total Balance \$ _____

Shipping Fees (Free shipping on orders over \$500.00)..... \$ _____

Taxable Fees* (A 7% tax-rate will apply for any taxable New Jersey-based organization) \$ _____

TOTAL AMOUNT DUE..... \$ _____

* No taxable fees will apply for any taxable organization located outside the State of New Jersey.

Purchase Order Request Form

Please fill-in the information below accordingly and fax to KmD.

Product Description	Quantity	Price/Each	Total Price
The Philips FR2 ECG Defibrillator	_____	x \$2,450	= \$ _____



Built upon ease-of-use & simplicity, the **Philips FR2 ECG Defibrillator** is designed as a safe and affordable AED solution.

Each Philips FR2 ECG Includes:

- 1 Portable Carrying Case
- 1 Long-Life Battery Pack
- 1 Sets of Adult Electrode Pads

Medical Direction (see rates above) _____ x \$ _____ = \$ _____

Accessory Items Available for the Philips FR2 ECG Defibrillator

Set of Pediatric Electrode Pads	_____	x \$ 95	= \$ _____
Set of Replacement Adult Pads	_____	x \$ 65	= \$ _____
Replacement Long-Life Battery Pack	_____	x \$ 150	= \$ _____

Additional Accessory Items Also Available

Hard-Shell Water-Resistant Pelican Case	_____	x \$ 200	= \$ _____
AED Storage Cabinet (Wall-Mount)	_____	x \$ 225	= \$ _____
AED Storage Bracket (Wall-Mount)	_____	x \$ 90	= \$ _____

Recommended Professional Service (see rates above)

Complete Medical Over Sight (per AED) _____ x \$ _____ = \$ _____

Total Balance \$ _____

Shipping Fees (Free shipping on orders over \$500.00)..... \$ _____

Taxable Fees* (A 7% tax-rate will apply for any taxable New Jersey-based organization) \$ _____

TOTAL AMOUNT DUE..... \$ _____

* No taxable fees will apply for any taxable organization located outside the State of New Jersey.



PO Box 2571 • Flemington, NJ 08822 • Phone: (866)876-3578 • Fax: (908)284-2652

Purchase Order Request Form

Billing & Shipping Information

Organization Name: _____

Purchase Order #: _____

Billing Address: _____

City / State: _____ Zip: _____

Contact Name: _____

Contact Phone: (____) _____-____ Fax: (____) _____-____

Will the Shipping Address be the same as the Billing Address? YES: ____ NO: ____

If "NO", add Address: _____

City / State: _____ Zip: _____

Contact Name: _____

Contact Phone: (____) _____-____ Fax: (____) _____-____

Would you be interested in receiving information about the CPR/AED Certification Course? YES ____ NO ____

- The class may be taught onsite at your facility and only takes approximately 3-to-4 hours to complete.
- Each participant will receive a Certification Card valid for 2 years from the American Heart Association.
- No previous life-support training experience is required - the class is specifically designed for everyone.

Should you have any questions or concerns,
please contact KmD Medical

(866)876-3578

In order to complete your purchase order request, please fax
this completed Purchase Order Request and AED Form to

Fax: (908)284-2652

Once we receive your order request, we will contact you to provide confirmation of receipt, all orders must be paid in full prior to shipment.