

Epinephrine Pen Medical Directors Agreement

I, the undersigned physician, agree to perform the duties of a medical director for the following Epinephrine Pen service:

Name:

Address:

Affiliate #:

The duties of the medical director shall include, but not limited to the following:

Provide a liaison between the medical community and other organizations

Developing, reviewing and approving all service operations relevant to patient care.

Participating in the development and implementation of quality assurance activities approved by the Pennsylvania Department of Health in conjunction with the ambulance service listed above.

Physician Signature

Printed name of physician

Medical License Number

Date