



**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 Fax #::			
Contact E-Mail Address:			
Quantity & Pricing	Quantity	Unit Price	Sub-Total
Emergency Kit		\$225.00	
Emergency Kit - Refill		\$200.00	
Shipping & Handling			\$15.00
G.S.T. (6%)			
P.S.T. /H.S.T.			
<b>TOTAL:</b>			

For more information please go to [www.edgewaterproductions.com](http://www.edgewaterproductions.com)

Prescription Form	
Dentist Name:	
Dentist Address:	
Dentist Address:	
City, Province & Postal Code:	
Registration or Licence #:	
Telephone #: (with area code)	
Fax #: (with area code)	
<b>RX: Medical Emergency Kit for Office Use - Each kit to contain:</b>	
Epinephrine 1:1000	1ml ampoule x 3
Diphenhydramine	50mg/ml 1ml vial x 1
Salbutamol Inhaler	100mcg per dose x 200 doses
Nitroglycerine sublingual spray	0.4mg/metered dose x 200 doses
Please include these other non prescription items: fruit juice, ASA tablets, #11 scalpel, saliva injector	
Please enroll me in the drug replacement program      Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signature: _____	Date: _____ (month/day/year)