

## Colorado Do Not Resuscitate Bracelet ORDER FORM

*Ship To Address (Please Print)*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Wrist Size: \_\_\_\_\_

**Please enter your SNUG wrist size, e.g. 6 1/2". We will add extra length so it fits properly. ↗**

*Print text to be engraved on back side of bracelet (max 5 lines of 22 chars/line).*

*Please enter the patient's first and last name on the first line. You have additional lines available in which you can enter an emergency contact phone number (optional) if desired.*

Line 1: \_\_\_\_\_  
Line 2: \_\_\_\_\_  
Line 3: \_\_\_\_\_  
Line 4: \_\_\_\_\_  
Line 5: \_\_\_\_\_

***Please send a copy of your completed Colorado CPR Directive, plus this order form, along with your check or money order in the amount of \$29.90 to: StickyJ Medical ID, 10801 Endeavour Way #B, Seminole FL 33777. If you have any questions, call us at 727-823-9500.***