

Please use this form for states that do not allow a bracelet to be substituted for a paper DNR Order. Do not use CA, IA, IN, KS, MO, WI, WY, VT, SC, OH, VA, OR, etc.

BRACELET ORDER FORM



Ship To Address (Please Print)

Name: _____
Address: _____
City: _____ State: _____
Zip: _____ Phone: _____
Email: _____ Wrist Size: _____

**Be sure to enter your actual snug-measured wrist size, e.g. 6 1/2". ↑
We will add extra length so it fits properly.**

Please Select One: Do Not Resuscitate Order in Purse
 Do Not Resuscitate Order in Wallet

Print text to be engraved on back side of bracelet (max 22 chars.per line).
Note: Lines 1 thru 3 can be used for emergency contact phone numbers.

Line 1: _____
Line 2: _____
Line 3: _____

Please send your bracelet order form, along with check or money order in the amount of \$35.85 to: StickyJ Medical ID, 10801 Endeavour Way #B, Seminole, FL 33777.