

District of Columbia Do Not Resuscitate

ORDER FORM

Ship To Address (Please Print)

Please Select One: ☐ Bracelet
☐ 27" Pendant

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Email: _____ Wrist Size: _____

If ordering a bracelet, enter your snug-measured 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, the EMS Comfort Care ID Number on the second line, the patient's doctor's name on the third line, and the doctor's phone number on the fourth line. You have one additional line 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 District of Columbia Comfort Care order signed by your physician, plus this order form, along with your check or money order in the amount of \$34.49 to: StickyJ Medical ID, 10801 Endeavour Way #B, Seminole FL. If you have any questions, call us at 727-823-9500.