

Indiana Do Not Resuscitate Bracelet **ORDER FORM**

Ship To Address (Please Print)

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

Please 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, and the patient's date of birth on the second 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 Indiana Do Not Resuscitate order signed by your physician, plus this order form, along with your check or money order in the amount of \$27.90 to: StickyJ Medical ID, 10801 Endeavour Way #B, Seminole FL. If you have any questions, call us at 727-823-9500.