

Kansas 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).

We will engrave the patient's name on the first line, a unique serial number on the second line, and a toll-free verification phone number on the third. You have two additional lines available in which you can enter an emergency contact phone number (optional) if desired.

Line 1: _____RESERVED_____

Line 2: _____RESERVED_____

Line 3: _____RESERVED_____

Line 4: _____

Line 5: _____

Please send a copy of your completed Kansas Do Not Resuscitate 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.