

Maine Do Not Resuscitate ORDER FORM

Ship To Address (Please Print)

Please Select One: Bracelet
 24" Pendant

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

*If ordering a bracelet, be sure to enter your **SNUG** wrist size (e.g. 6 1/2"). We will adjust for proper fit. ↗*

Line 1 below must contain the Patient's First and Last Name.

Line 1: _____

*Please send a copy of your completed Maine Do Not Resuscitate form
plus this order form, along with check or money
order in the amount of \$29.90 to: StickyJ Medical ID,
10801 Endeavour Way #B, Seminole FL 33777.*