

Massachusetts Do Not Resuscitate 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 the back of the bracelet (max 22 characters/line). Provide the patient's name on the first line, the physician's name should be on the second, and the physician's phone number on the third.

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

**Please send your bracelet order form, along with check or money
order in the amount of \$27.90 to: StickyJ Medical ID,
10801 Endeavour Way #B, Seminole, FL 33777.**