

Michigan 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 full name and address on the first three lines, and the name and phone number of the attending physician (if any) on lines four and five.

Line 1: _____
Line 2: _____
Line 3: _____
Line 4: _____
Line 5: _____

Please send a copy of your Michigan Do Not Resuscitate order signed by your physician (if applicable), 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 33777. If you have any questions, call us at 727-823-9500.