Minnesota Do Not Resuscitate

ORDER FORM

Dr. - - - O - - - O - - - O Bracelet

| snip To Adare | ess (Please Print) Please Select Offe. 27" Pend |
|--|--|
| Name: | |
| Address: | |
| City: | State: |
| Zip: | Phone: |
| Email: | Wrist Size: |
| f ordering a brad | celet, enter your snug-measured wrist size, e.g. 6 1/2". We will add extra length so it fits properly. |
| | Please Select One: One Not Resuscitate Order in Purse Do Not Resuscitate Order in Wallet |
| Print text to be Please enter the pand 3. An addition | engraved on back side of bracelet (max 22 chars/line). patient's first and last name on the first line, and the name and phone number of your physician on lines 2 nal line is provided for an emergency contact phone number, if desired. |
| _ine 1: _ | |
| _ine 2: _ | |
| _ine 3: _ | |

Please send this order form, along with your check or money order in the amount of \$29.90 to: StickyJ Medical ID, 10801 Endeavour Way #B, Seminole FL. If you have any questions, call us at 727-823-9500.