New Hampshire POLST Bracelet

ORDER FORM

Ship To Address (Please Print)

| Name: | |
|---|--|
| Address: | |
| City: | State: |
| Zip: | Phone: |
| Email: | Wrist Size: |
| If ordering a brace | elet, enter your snug-measured wrist size, e.g. 6 1/2". We will add extra length so it fits properly. |
| | Please Select One: Yes, please add a fast-access QR code (\$9.95) No, Thanks. Do not add a QR Code |
| A | QR code allows EMT's to instantly retrieve a copy of your POLST form on their smartphone. |
| ments. You hav for entering you (e.g. ICE 72752 the option to add your POLST or I | nes on the back of the bracelet (which we will supply) must conform with state require- re two additional lines available in which to enter information. We recommend you use them r most significant medical condition (if any), and an emergency contact phone number 51900). ICE is recognized by EMS personnel as 'In Case of Emergency'. If you selected d a quick-access QR code, which allows EMS personnel to immediately retrieve an image of DNR order, you have a maximum of 14 characters/line. If you chose not to have a QR code e a maximum of 22 characters per line. |
| Line 1: | Reserved |
| Line 2: | Reserved |
| Line 3: | Reserved |
| Line 4: | |
| Line 5: | |

Please send this order form, along with your payment and a copy of your POLST or Do Not Resuscitate order to: StickyJ Medical ID, 10801 Endeavour Way #B, Seminole FL 33777.

- If you're ordering a bracelet or pendant without a QR code, please enclose a check for \$34.49 payable to StickyJ Medical ID.
- If you requested a bracelet or pendant with a quick-access QR code,
 please enclose a check for \$44.44 made payable to StickyJ Medical ID.
- If you have any questions, please call us at 727-823-9500 M-F 9am to 3pm ET or email CustomerService@StickyJ.com.