

## New York 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 \$29.90 to: StickyJ Medical ID,  
10801 Endeavour Way #B, Seminole, FL 33777.**