

Oregon POLST Registry

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.

Print text to be engraved on back side of bracelet (max 22 chars.per line).

Note: *Line 1 must contain the Patient's Name. Lines 2 and 3 are optional.*

Line 1: _____

Line 2: _____

Line 3: _____

POLST Registry Number: _____

Please send a copy of your completed Oregon POLST order plus your completed bracelet order form, along with check or money order in the amount of \$34.49 to: StickyJ Medical ID, 10801 Endeavour Way #B, Seminole, FL 33777.