

South Carolina 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.***

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: _____

***Please send a copy of your completed South Carolina Do Not Resuscitate 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.***