Texas Do Not Resuscitate BRACELET or PENDANT ORDER FORM ORDER

Ship To Address (Please Print)	Please Select One: O 24" Pendant
Name:	27" Pendant
Address:	
City:	01-1
Zip:	Dhana
Email:	Wrist Size:
ordering a bracelet, be sure to enter your snu	g wrist size (e.g. 6 1/2"). We will adjust for proper fit. 🔳 🥛
contain the Patient's Full Name. Line 2	bracelet (max 22 chars.per line). Note: Line 1 must 2 should contain the patient's date of birth. Lines 3 nergency contact information, if desired.
Line 1:	
Line 2:	
Line 3:	
Line 4:	
Line 5:	

Please send a copy of your Signed Texas DNR Order plus this form, along with a check or money order in the amount of \$34.49 to: StickyJ Medical ID, 10801 Endeavour Way #B, Seminole, FL 33777.