

Ohio Comfort Care

ORDER FORM

Select: ☐ Bracelet
☐ Pendant
☐ Both

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. 

Wrist size needed for bracelet only. Print text below to be engraved on back side of bracelet or pendant. Note: *The first 1 or 2 lines must contain the patient's name. 22 characters per line for bracelets, 15 characters per line maximum for pendants.*

Line 1: _____
Line 2: _____
Line 3: _____
Line 4: _____
Line 5: _____

Please send a copy of your completed Ohio Do Not Resuscitate order plus your completed order form, along with check or money order in the amount of \$34.49 per bracelet or pendant to: StickyJ Medical ID, 10801 Endeavour Way #B, Seminole, FL 33777.