



Medical Identification Jewelry Order Form

First Name **M.I.** **Last Name**

Street Address

City **State** **Zip** **County**

(____)____-____
Preferred Phone

I don't have email.
 My email is: _____

The NKF does not sell or share its lists.

I am: person with diabetes person with high blood pressure other: _____

The National Kidney Foundation of Wisconsin provides jewelry *free of charge* to Wisconsin residents.
 Contributions to offset costs, including shipping are appreciated. Contribution enclosed \$ _____

Jewelry is 100% stainless steel and contains no nickel. Select one:



<input type="checkbox"/> Bracelet - Regular weight chain ___ Small (fits small adults/children), adjustable to 7 1/2" ___ Medium, adjustable up to 8 1/2" ___ Large, adjustable up to 11 1/2"	<input type="checkbox"/> Neck Chain ___ 18" (fits small adults/children) ___ 24" ___ 30"
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Sample

Line 1	J	O	H	N		Q		P	A	T	I	E	N	T		
Line 2	D	I	A	B	E	T	E	S		I	N	S	U	L	I	N
Line 3	A	L	L	E	R	G	Y		P	E	A	N	U	T	S	
Line 4	A	S	T	H	M	A										
Line 5	I	C	E		7	1	5	-	1	2	3	-	4	5	6	7

PRINT all information to be engraved.

Information outside of the spaces will not be printed.

Information **may** include name, emergency phone number, important health conditions or allergies.

LINE 1																
LINE 2																
LINE 3																
LINE 4																
LINE 5																

HEALTHCARE PROVIDER INFORMATION (Please print):

First Name **Last Name** **Office/Clinic Address** **Office Telephone**

Return to: National Kidney Foundation of Wisconsin
 16655 W. Bluemound Road, Suite 240, Brookfield, WI 53005-5923

INFORMATION: 262-821-0705