



**Dialysis – Transplant – Living Donor – Chronic Kidney Disease (CKD)
Medical Identification Jewelry
Order Form
Effective 8-1-2017**

(Please Print)

First Name _____ MI _____ Last Name _____

Date of Birth (mm-dd-yyyy) _____


Street Address _____

(_____) _____ - _____
Preferred Phone

- Home
- Cell
- Work

City _____ State _____ ZIP _____ County _____

Employer _____ No employer

 Provide your email address to stay informed of community programs and other events.

_____@_____

The National Kidney Foundation of Wisconsin does not sell or share your information.

I am a:

- dialysis patient Dialysis and kidney transplant recipients: I have a: left fistula right fistula port other _____
- person living with chronic kidney disease (CKD) Stage: _____
- living donor LVAD patient
- transplant recipient transplant date: _____ - _____ - _____
(mm-dd-yyyy) _____ Transplant Center

INFORMATION TO BE ENGRAVED

Front													Sample						
Line 1	C	H	R	I	S		S	M	I	T	H								
Line 2	D	O	B		5	-	1	-	1	9	6	5							
Line 3	I	C	E		7	1	5	-	1	2	3	-	4	5	6	7			
Line 4																			
Line 5																			
Back																			
Line 1	H	E	M	O	D	I	A	L	Y	S	I	S							
Line 2	L	F	T		F	I	S	T	U	L	A								
Line 3																			
Line 4	A	L	L	E	R	G	Y		P	C	N								
Line 5																			

PRINT all information to be engraved.

Include **FULL NAME, DATE OF BIRTH, EMERGENCY CONTACT PHONE (ICE), any life-threatening allergies.**

Front

Line 1																
Line 2																
Line 3																
Line 4																
Line 5																

Back

Information outside the spaces will not be engraved.

Line 1																
Line 2																
Line 3																
Line 4																
Line 5																

Patient Acknowledgement



By requesting this medical ID jewelry, I give permission to the National Kidney Foundation of Wisconsin to send me information about its programs and events.

Signature _____

Date _____

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Patient Name

	Jewelry is 304 stainless steel. SELECT ONE:		
	<input type="checkbox"/> Bracelet Regular weight chain, 9" long. Sister Hook Clasp	<input type="checkbox"/> Neck Chain 27" continuous loop chain.	

Please allow up to 6 weeks for processing and delivery.

<p>Check One: <input type="checkbox"/> Patient first time order COST: If you are able, consider making a donation of \$20 or more to support the jewelry program. The National Kidney Foundation of Wisconsin relies completely on contributions to offer medical ID jewelry.</p> <p><input type="checkbox"/> Replacement order COST: \$20.00</p>
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HEALTHCARE PROVIDER INFORMATION (Required)

Medical Professional Name *(Please Print)*

Medical/Clinic Facility

Position/Credentials

Direct Line/Extension

Mailing Address

City State ZIP

Email

INFORMATION

Mail: National Kidney Foundation of Wisconsin
10909 W Greenfield Ave, Suite 201
West Allis, WI 53214-2379

Call: 414-897-8669 / 1-800-543-6393
Fax: 414-930-0337

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