



National Kidney Foundation™

of CENTRAL NEW YORK

EMERGENCY MEDICAL JEWELRY ORDER FORM

To Be Completed by Social Worker

Social Worker Name: _____ phone: _____ email: _____

Instructions:

- Please fill in the requested information thoroughly and neatly.
- Information to be engraved on tag is not to exceed 18 letters or spaces per line.
- Each necklace or bracelet includes up to five lines of engraving.

Example:

Line 1: Patient's Name
 Line 2: Condition
 Line 3: Drug Allergies
 Line 4: Doctor's Name
 Line 5: Emergency telephone number

Please Note: Patients are responsible for discontinuing use of jewelry if medical conditions change.

Please Print or Type

Dialysis/Transplant Center Contact: _____

Recipient Name: _____

Recipient's Address: _____

Recipient's Phone: _____ Check One: Bracelet Necklace

Line 1																			
Line 2																			
Line 3																			
Line 4																			
Line 5																			

For information about Transplant Games, Newsletter, Support Groups, please call 800-622-9010

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