



1169 Oak Valley Drive • Ann Arbor, MI 48108  
 (734) 222-9800 or (800) 482-1455 ( In Michigan Only)  
 Fax: 734-222-9801

**MEDICAL EMERGENCY  
 ID TAG PROGRAM**

Patient Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ County \_\_\_\_\_

**Please Select:**

- Bracelet \$ 6.00
- Necklace \$ 6.00

**Ship to:**

- Patient
- Facility

Social Worker's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Unit Name \_\_\_\_\_

Unit Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Bracelet is 8" long. Please provide additional length required \_\_\_\_\_

Patient's Name																				
Modality *																				
Misc. Information **																				
24 Hour Emergency #																				
Doctor's Name																				

\* Hemodialysis, Peritoneal Dialysis, Transplant

\*\*Drugs, Dyes, Diabetes, Heart Disease, Allergies, etc.

**The following section is optional. Any information you provide will be kept strictly confidential. Your name will NOT be shared with anyone.**

The National Kidney Foundation of Michigan receives funding for programs and services like this one from the United Way. In order to help us keep this funding, please fill out the following chart. Tell us the employer, union (if unionized) and retirement status for the wage earners in your family, including yourself and another wage earner (if there is one). We do not need the names of the wage earners, only their employer, union and retirement status.

	First Wage Earner	Second Wage Earner
Employer		
Union Affiliate		
Retired Yes/No		

**OFFICE USE ONLY**

Check Number \_\_\_\_\_

Date Received \_\_\_\_\_

Cash \_\_\_\_\_

Date Entered \_\_\_\_\_

Money Order \_\_\_\_\_

Client # \_\_\_\_\_

Date on Check \_\_\_\_\_

Date Sent to Engraver \_\_\_\_\_