



National Kidney Foundation  
of CENTRAL NEW YORK

Serving 13 Counties: Broome, Cayuga, Chenango, Cortland, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins

EMERGENCY MEDICAL JEWELRY ORDER FORM

To Be Completed by Social Worker

Social Worker Name: \_\_\_\_\_ phone: \_\_\_\_\_ email: \_\_\_\_\_

Instructions:

- o Please fill in the requested information thoroughly and neatly.
- o Information to be engraved on tag is not to exceed 18 letters or spaces per line.
- o 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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