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

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

National Kidney Foundation of CNY, Inc. – 731 James Street, Suite 200 – Syracuse, NY 13203
Phone (315) 476-0311 – Fax (315) 476-3707 – Email: Info@cnykidney.org – www.cnykidney.org