

**Medical Identification Jewelry
Order Form
Effective 7-1-2020**

Patient Name / Page 2



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.



Patient Acknowledgement

By placing this order for medical ID jewelry, I give permission to the National Kidney Foundation of Wisconsin (NKF) to contact me.

Signature

Date

HEALTHCARE PROVIDER INFORMATION (Required)

Medical Professional Name *(Please Print)*

Medical/Clinic Facility

Position/Credentials

Direct Line/Extension

Mailing Address

City State Zip

Email

Healthcare Provider Acknowledgement

I assisted _____ in completing this order form.

Signature

Date

INFORMATION: 414-897-8669 / 1-800-543-6393

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

FAX: 414-930-0337
EMAIL: info@kidneywi.org

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