

# **Medical ID Order Form**

- 1. Complete all necessary/applicable information on the first page of this form (below).
- 2. Proceed to the next page and select your desired medical ID style, size and color if applicable.
- 3. Complete the desired engraving information by typing directly onto the form or writing it in with a dark pen.
- **4.** Please consider the allotted character limit for each line of space on the medical ID and note this includes spaces.
- 5. Submit the form via the instructions below.

### Please complete and submit to:

Tracy Cohn at tracy@gobdf.org or mail to Greater Ohio Bleeding Disorders

Foundation at: 17407 Lorain Ave., Ste 206 Cleveland, OH 44111



## Complete and submit forms as instructed on page one.

Patient First & Last Name (Req	uired) Patient Birth Date	Patient/Guardian Email (Required)		
Patient Address (Required)				
City State	Zip	HTC or Hematologist Name		
Patient/Guardian Phone (Requ	uired)	HTC or Hematologist Phone Number		
GOBDF will provide one item f	rom this pamphlet.			
ENGRAVING NOTE: Do not exce	eed character limits listec	l by line. Remember to include spaces between words.		
Stainless Large Flex on	Front Line 1:			
Silicone Pro	2:	12		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3:	12		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	4:			
Calant Oalan and Frankland	5:	12		
Select Color and Emblem	<b>Back</b> Line 1:			
Silicone Band Color  Black White Green Blue				
		24		
Select Wrist Size: ☐ XS/SM ☐	1			
	7.5 - 9.5"			
Embossed Red Emblem Outine	Red Emblem			
	/			
Stainless Small Flex on		10.01		
Silicone Pro	30			
		16		
	3:	16		
Select Color and Emblem	Back Line 1:	15		
Silicone Band Color	2:			
☐ Black ☐ White ☐ Green ☐ Blue ☐	Pink Purple 3:	17		
	4:	17		
-	MD/LG 5:	17		
Emblem Color 6 - 7.5"	7.5 - 9.5			
Embossed Red Emblem Outine	Red Emblem	17		
	□ <b>※</b> /· ———	1∪		



Stainless Classic Bracelet Front Lir	ne 1:			Character 21	Limit
A TODO COM CONTRACTOR OF THE PARTY OF THE PA					
Back Line	5:				26
Sig. 70					
Select Size					
7" 8" 9" 10"  Red Emblem Outine Red Emblem	4:				26
Stainless Dog Tag Red		Character Lin	nit		
Examples		11			
A STATE OF THE STA		11			
JAMES COX HRT PATIENT BLEEDING ON BLOOD	3:	11			
DISORDER THINNERS					21
<b>(E§3)</b>	2:				21
	3:				22
FACTOR 8 HEMOPHILIA SEVERE 1 NO MRI	4:			19	
ALLERGY PENCILLIN MYHR COM1234 OR 800-490-2400 715-600-6718	5:			19	
	6:				22
Select Chain Length	7:				21
☐ 18" ☐ 20" ☐ 24" ☐ 27" ☐ 30"	8:				21
Stainless Onyx Dog Tag			Character L	imit	
The of	Front Line 1:		14		
ye Breeze,	2:		14		
	3:		14		
	4:		14		
	Back Line 1:			19	
	2:				22
	3:				
	4:				- 21
	5:				
Includes 28" Stainless Steel Bead chain	6:				00
	7:				
	8:				<b>-</b> ∠I





#### Stainless Classic Necklace

□ 2*/*″

20"	□ 27″

10"

ront			Charc	acter Li	mit	
ine 1:	 	 	- 12			
2:	 	 		. 14		
3: <b>Back</b>	 	 			_ 16	
ine 1:	 	 10				
2:	 	 	13			
3:	 	 		15		
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6:	 					.18
7:						
8:					17	



#### Stainless Premier Red Necklace

☐ 18"	24
□ 20″	□ 27′

Back Line 1:	 Character Limit		
2:	 10		
3:	 	14	
4:	 		_ 16
5:	 		_ 16
6:	 		_ 16
7:	 		_ 16
8:	 	13	

## **Apple Watch Slide**



Steel

9:



Black

Gold

	Character Limit
Top Line 1:	14
2:	14
Bottom Line 1:	14
2:	14
3:	14
4:	14



Gold

#### □ Medical Alert ID Seatbelt covers

Medical Alert seat belt cover holds important health and personal information for first responders during an emergency, Simply slide your card or medical information inside.

The bright red seatbelt cover offers high visibility for emergency responders. The quick release Velcro allows first responders to release the cover in a snap, offering quick access to your vital medical information.



Classic Bracelet       Front Line 1:       13         2:       13         3:       12         4:       13         5:       13         Back Line 1:       20         2:       20         Select Size       3:	
3:	
4:	
Back Line 1:	
Back Line 1:	
2:	
Select Size 3:	
Select Size 3:	- 22
5" 6" 7" 8" 4:	
□ 9" □ 10" 5:	
20	
Action Bracelet	
Select STYLE Adjustable for wrist sizes 5.5" - 6.75"	
Dolphin Floral Butterfly Dinosaur Super Star Choo Choo	
Character Limit	
Back Line 1:	
2:	
3:	
4:	
5:	
6:	
7: 18	
Stainless Steel Character Limit	
Shoe Tag Front Line 1: 13	
2: 13	
3:	
4:13	
4:	
5:13	. 22
5:	



# Each item below is complimentary. Please check which one(s) you would like to receive with your primary medical ID.

	InCase ID*					
**	(attaches to back o	of phone)		NOVAL IN	NOTE: OF THE PROPERTY OF THE P	xpandable
1455-45,0014				EME	RGENCY	Vallet Card
ine 1:			20		I Information	
0.				MED	IGAL TO GARD	
2.			0.0			
4:			20			
5:			20		Charm (select on	ie)
6.			20	a	a	1
7:			20		2 15	ار ف
8:			20	BLEEDING DISORDER SEE MEDICAL ID	HEMOPHILIA A SEE MEDICAL ID	HEMOPI SE MEDIC
9:			20			(D)
10:			20			
SEDICAL A	O SHILLIAN OPHILLIAN	ON WILLEBRAN	BLEED WG DISO	OFR DE		
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