



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:

Katie Stella at Katie@gobdf.org or mail to Greater Ohio Bleeding Disorders Foundation at: 17407 Lorain Ave., Ste 206 Cleveland, OH 44111

Patient First & Last Name *(Required)* Patient Birth Date

Patient/Guardian Email *(Required)*

Patient Address *(Required)*

Parent/Guardian Signature

City State Zip

HTC or Hematologist Name

Patient/Guardian Phone *(Required)*

HTC or Hematologist Phone Number

GOBDF will provide **one** item from this pamphlet.



☐ **Medical Alert 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.

ENGRAVING NOTE: Do not exceed character limits listed by line. Remember to include spaces between words.

**Stainless Large Flex on
Silicone Pro**



Front Line 1: _____ 12 **Character Limit**

2: _____ 12

3: _____ 12

4: _____ 12

5: _____ 12

Select Color and Emblem

Silicone Band Color

☐ Black ☐ White ☐ Green ☐ Blue ☐ Pink ☐ Purple



Select Wrist Size: ☐ XS/SM 6 - 7.5" ☐ MD/LG 7.5 - 9.5"

Emblem Color

Embossed Red Emblem Outline Red Emblem



Back Line 1: _____ 22

2: _____ 22

3: _____ 22

4: _____ 22

5: _____ 22

6: _____ 22

7: _____ 22

**Stainless Small Flex on
Silicone Pro**



Front Line 1: _____ 16 **Character Limit**

2: _____ 16

3: _____ 16

Back Line 1: _____ 15

2: _____ 17

3: _____ 17

4: _____ 17

5: _____ 17

6: _____ 17

7: _____ 15

Select Color and Emblem

Silicone Band Color

☐ Black ☐ White ☐ Green ☐ Blue ☐ Pink ☐ Purple



Select Wrist Size: ☐ XS/SM 6 - 7.5" ☐ MD/LG 7.5 - 9.5"

Emblem Color

Embossed Red Emblem Outline Red Emblem



Stainless Classic Bracelet



Select Size

☐ 7" ☐ 8" ☐ 9" ☐ 10"

Red Emblem Outline



Red Emblem



Front Line 1: _____ 21 Character Limit

2: _____ 20

3: _____ 19

4: _____ 20

5: _____ 21

Back Line 1: _____ 26

2: _____ 26

3: _____ 26

4: _____ 26

5: _____ 26

Stainless Dog Tag Red



Select Chain Length

☐ 18" ☐ 20" ☐ 24" ☐ 27" ☐ 30"

Front Line 1: _____ 11 Character Limit

2: _____ 11

3: _____ 11

Back Line 1: _____ 21

2: _____ 21

3: _____ 22

4: _____ 19

5: _____ 19

6: _____ 22

7: _____ 21

8: _____ 21

Stainless Onyx Dog Tag



Includes 28" Stainless Steel Bead chain

Front Line 1: _____ 14 Character Limit

2: _____ 14

3: _____ 14

4: _____ 14

Back Line 1: _____ 19

2: _____ 22

3: _____ 21

4: _____ 18

5: _____ 18

6: _____ 22

7: _____ 21

8: _____ 19

Apple Watch Slide



☐ Stainless Steel ☐ Gold Tone ☐ Black ☐ Rose Gold

Top Line 1: _____ 14 Character Limit

2: _____ 14

Bottom Line 1: _____ 14

2: _____ 14

3: _____ 14

4: _____ 14

5: _____ 14



Stainless Classic Necklace

- ☐ 18" ☐ 24"
☐ 20" ☐ 27"

Front

Line 1: _____ 12 **Character Limit**

2: _____ 14

3: _____ 16

Back

Line 1: _____ 10

2: _____ 13

3: _____ 15

4: _____ 16

5: _____ 17

6: _____ 18

7: _____ 17

8: _____ 13

9: _____ 11



Stainless Premier Red Necklace

- ☐ 18" ☐ 24"
☐ 20" ☐ 27"

Back

Line 1: _____ 8 **Character Limit**

2: _____ 10

3: _____ 14

4: _____ 16

5: _____ 16

6: _____ 16

7: _____ 16

8: _____ 13

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 of phone)

☐

Line 1: _____ 20

2: 3: _____ 20

4: _____ 20

5: _____ 20

6: _____ 20

7: _____ 20

8: _____ 20

9: _____ 20

10: _____ 20

_____ 20

_____ 20

_____ 20

_____ 20

_____ 20

_____ 20

_____ 20

_____ 20

Additional Notes



Expandable
Wallet Card

☐

Charm (select one)

☐☐☐

MyIHR QR Access Card



Check Box to
Include MyIHR
QR Card

☐

Small Stainless Classic Bracelet



Select Size

- ☐ 5" ☐ 6" ☐ 7" ☐ 8"
☐ 9" ☐ 10"

Character Limit

Front Line 1: _____ 13
 2: _____ 13
 3: _____ 12
 4: _____ 13
 5: _____ 13

Back Line 1: _____ 20
 2: _____ 22
 3: _____
 4: _____ 22 24
 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: _____ 18
 2: _____ 18
 3: _____ 18
 4: _____ 18
 5: _____ 18
 6: _____ 18
 7: _____ 18

Stainless Steel Shoe Tag



Character Limit

Front Line 1: _____ 13
 2: _____ 13
 3: _____ 12
 4: _____ 13
 5: _____ 13

Back Line 1: _____ 20
 2: _____ 22
 3: _____ 24
 4: _____ 22
 5: _____ 20