4444 Bryant and Stratton Road, Williamsville, NY 14221
Email: kallen@kfwny.org, Fax: 716-276-3649, Phone: 716-529-4392

Medical Identification Jewelry Application (page 1 of 2)

The Kidney Foundation of WNY will order and purchase a medical identification bracelet or necklace for a transplant recipient or dialysis patient.

Patients are responsible for discontinuing use of jewelry if medical conditions change. Patients are responsible for checking medical identification jewelry for errors.

Date of Application:_____

Patient's Name:_____
Patient's Phone: _____

Patient's mailing address: _____
_____
_____

Social Worker's name:_____
Phone: _____

Instructions: Please fill in the following information thoroughly and neatly. Information to be engraved on tag may not exceed 18 letters or spaces per line.

Front
Line 1: Name
Line 2: Address
Line 3: City and Zip Code
Line 4: Date of Birth
Line 5: Hemodialysis / Peritoneal Dialysis of Transplant Recipient

Back:
Line 1: Emergency Contact Name
Line 2: Emergency Contact Phone Number
Line 3: Allergies
Line 4: Nephrologist's Name
Live 5: Nephrologist's Phone Number

Choose one: Bracelet_____Necklace_____

Office Use Only

Approved by_____ Date_____

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Medical Identification Jewelry Application (page 2 of 2)

Bracelet – Front

1																		
2																		
3																		
4																		
5																		

Bracelet – Back

1																		
2																		
3																		
4																		
5																		

Necklace - Front

1																		
2																		
3																		
4																		
5																		
6																		
7																		

Necklace – Back

1																		
2																		
3																		
4																		
5																		
6																		
7																		