National Kidney Foundation™ of Maryland

The National Kidney Foundation of Maryland
Medical ID Jewelry Program

Date of Order:______________

Please print the information below and return it to your unit's social worker for processing.

DIALYSIS UNIT/TRANSPLANT CENTER

Name: ____

Address: ____

City: ____________________ County: ______________ State: ________ Zip Code: ____________

Telephone Number: ______________________ Email Address: __________________________

PATIENT INFORMATION

First Name:__________________________ M.I.___ Last Name:____________________________

Address: ____

City: ____________________ County: ______________ State: ________ Zip Code: ____________

Telephone Number:____________________ Email: ______________________________________

CHECK ONE: ☐ **Bracelet** (Indicate wrist size if larger than 9 inches) ☐ **Necklace**

FRONT OF JEWELRY

Circle all that apply: Hemodialysis Peritoneal Dialysis Transplant Diabetic

List any Allergies:____

BACK OF JEWELRY

Patient's Name: ____

***Mail Completed Form (White Copy) to*:**

Monroe Specialty Company
P. O. Box 740
3200 Highway 11 East
Monroe, WI 53566
Attn: Mary Kay
Phone: 608-328-8381

Date Mailed____________

Mail Completed Form (Yellow Copy) to:

National Kidney Foundation of Maryland
1301 York Road, Suite 404
Lutherville, MD 21093
Telephone: 410.494.8545