



The Kidney Foundation of Central PA

900 South Arlington Ave, Suite 134A, Harrisburg, PA 17109

ORDER FORM FOR ENGRAVED MEDICAL JEWELRY

Today's Date: _____

Contact Person: _____

Dialysis Unit: _____

Address: _____

Phone #: _____

Email: _____

Patient: _____

_____ \$12.00 is enclosed (Make check payable to KFCP)

NOTE: Patient's name must appear on the first line of front panel.

NECKLACE – 9 LINES (27" CHAIN)

	FRONT:	BACK:
Line 1 (14)	-----	-----
Line 2 (16)	-----	-----
Line 3 (16)	-----	-----
Line 4 (16)	-----	-----
Line 5 (16)	-----	-----
Line 6 (16)	-----	-----
Line 7 (14)	-----	-----
Line 8 (9)	-----	-----
Line 9 (7)	-----	-----

BRACELET – 5 LINES (9" CHAIN)

	FRONT:	BACK:
Line 1 (19)	-----	-----
Line 2 (21)	-----	-----
Line 3 (21)	-----	-----
Line 4 (21)	-----	-----
Line 5 (19)	-----	-----

PATIENT REQUIRES EXTRA CHAIN LENGTH _____ (provide actual length)