NATIONAL KIDNEY FOUNDATION®
of Michigan

Medical Emergency ID Tag Program

Patient Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ County: _____ Email: _____

Please Select:

☐ Bracelet $8.00
☐ Necklace $8.00

Bracelet is 8" long. Please provide additional length required _____

Ship to:

☐ Patient
☐ Facility

Social Worker Name: _____

Unit Name: _____

Unit Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____

One letter per box

Patient's Name																		
Modality*																		
Misc. Information**																		
Emergency Contact 1st Name & Phone																		
Doctor's Last Name & Phone																		

* Hemodialysis, Peritoneal Dialysis, Transplant
** Drugs, Dyes, Diabetes, Heart Disease, Allergies, etc.
We cannot include DNR information

Do you receive Medicaid? (e.g. mihealth card, Healthy Michigan Plan, MIChild, etc.)
☐ Yes
☐ No

Return completed form with payment to the:
National Kidney Foundation of Michigan
1169 Oak Valley Drive | Ann Arbor MI 48108
PHONE 734.222.9800 | FAX 833.292.6778
www.nkfm.org

Updated: 2/15/2022

OFFICE USE ONLY

Check Number _____ Cash _____ Money Order _____

Date on Check _____ Date Received _____ Date Entered _____

Client # _____ Date Sent to Engraver _____