

## 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 forms to Ben Hicks  
at [outreach@lahemo.org](mailto:outreach@lahemo.org)

Patient First & Last Name *(Required)*

Patient Birth Date

Patient Address *(Required)*

Parent / Guardian Email

City State Zip

HTC or Hematologist Phone Number

Patient/Guardian Phone *(Required)*

Parent/Guardian Signature

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

**Stainless Flex**



Select STYLE

**STYLE 1: Silicone Band**

- Black  White  Green  Blue  Pink  Purple

Select Wrist Size:  XS/SM (5.5 - 7")  MD/LG (7 - 9")

**STYLE 2 : NATO Band**

- Blue/Pink  Blue/Red  Multicolor  Black/Green/Red

*Adjustable for wrist sizes 5-8.5"*

**Front** **Character Limit**

Line 1: \_\_\_\_\_ 16

2: \_\_\_\_\_ 16

3: \_\_\_\_\_ 16

**Back**

Line 1: \_\_\_\_\_ 15

2: \_\_\_\_\_ 17

3: \_\_\_\_\_ 17

4: \_\_\_\_\_ 17

5: \_\_\_\_\_ 17

6: M Y I H R . C O M / # # # # O R

7: 8 0 0 - 4 9 0 - 2 4 0 0

**Stainless Dog Tag Red**



Select Chain Length

- 18"  20"  24"  27"

**Front** **Character Limit**

Line 1: \_\_\_\_\_ 11

2: \_\_\_\_\_ 11

3: \_\_\_\_\_ 11

**Back**

Line 1: \_\_\_\_\_ 21

2: \_\_\_\_\_ 21

3: \_\_\_\_\_ 22

4: \_\_\_\_\_ 19

5: \_\_\_\_\_ 19

6: \_\_\_\_\_ 22

7: M Y I H R . C O M / # # # # O R

8: 8 0 0 - 4 9 0 - 2 4 0 0

## Stainless Classic Bracelet



### Select Size

- 7"  
  8"  
  9"  
  10"

Front	Character Limit
Line 1: _____	21
2: _____	20
3: _____	19
4: _____	20
5: _____	21
Back	
Line 1: _____	26
2: _____	26
3: _____	26
4: <u>MYIHR.COM / #### OR</u>	
5: <u>800-490-2400</u>	

## Small Stainless Classic Bracelet



### Select Size

- 5"  
  6"  
  7"  
  8"
- 9"  
  10"

Front	Character Limit
Line 1: _____	13
2: _____	13
3: _____	12
4: _____	13
5: _____	13
Back	
Line 1: _____	20
2: _____	22
3: _____	24
4: <u>MYIHR.COM / #### OR</u>	
5: <u>800-490-2400</u>	

## Sleek Silicone Bracelet

Engraved MyIHR access info will not fit on this plate. Please note the QR access card is still included.



### 1. Select Band Color

- Black  
  Blue  
  Red  
  White  
  Pink  
  Purple

### 2. Select Size

- S (6")  
  M (7")  
  L (8")  
  XL (9")

### Front

Line 1: _____	14
2: _____	14
3: _____	14
4: _____	14

### Character Limit

## Action Bracelet

### Select STYLE

Adjustable for wrist sizes 5.5" - 6.75"



Dolphin



Floral Butterfly



Dinosaur



Super Star

### Back

### Character Limit

Line 1: _____	18
2: _____	18
3: _____	18
4: _____	18
5: _____	18
6: <u>MYIHR.COM / #### OR</u>	
7: <u>800-490-2400</u>	



### Stainless Classic Necklace

- 18"     24"
- 20"     27"



### Stainless Premier Red Necklace

- 18"     24"
- 20"     27"

#### Front

Character Limit

Line 1: \_\_\_\_\_ 12

2: \_\_\_\_\_ 14

3: \_\_\_\_\_ 16

#### Back

Line 1: \_\_\_\_\_ 10

2: \_\_\_\_\_ 13

3: \_\_\_\_\_ 15

4: \_\_\_\_\_ 16

5: \_\_\_\_\_ 17

6: \_\_\_\_\_ 18

7: \_\_\_\_\_ 17

8: MYIHR.COM / ### #

9: 800-490-2400

#### Back

Character Limit

Line 1: \_\_\_\_\_ 8

2: \_\_\_\_\_ 10

3: \_\_\_\_\_ 14

4: \_\_\_\_\_ 16

5: \_\_\_\_\_ 16

6: \_\_\_\_\_ 16

7: MYIHR.COM / ### #

8: 800-490-2400

### MyIHR QR Access Card



**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)



Expandable  
Wallet Card

Line 1: \_\_\_\_\_ 20

2: \_\_\_\_\_ 20

3: \_\_\_\_\_ 20

4: \_\_\_\_\_ 20

5: \_\_\_\_\_ 20

6: \_\_\_\_\_ 20

7: \_\_\_\_\_ 20

8: \_\_\_\_\_ 20

9: \_\_\_\_\_ 20

10: \_\_\_\_\_ 20

Charm (select one)

