

Mail-in Order Form

Mail form with payment to MedicAlert,
PO Box 21009, Lansing, MI 48909

INFO FOR PERSON WEARING THE ID

FULL NAME		<input type="checkbox"/> Male <input type="checkbox"/> Female
DATE OF BIRTH	GENDER	
PRIMARY ADDRESS		UNIT/APT #
CITY	STATE	ZIP
EMAIL ADDRESS		PHONE NUMBER
		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

SELECT YOUR MEDICAL ID

MEDICAL ID NAME	SIZE	PRICE
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SELECT AN ADD-ON SERVICE

ADD-ON SERVICE	PRICE
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ENGRAVING YOU WOULD LIKE

Engraving character limits vary. List most important items first.

LINE 1
LINE 2
LINE 3
LINE 4

Go online or call after enrollment to complete health
and emergency contact information.

CALCULATE PAYMENT

	+		+	\$7.00	=	
ID PRICE		ADD-ON PRICE		SHIPPING & HANDLING		TOTAL

PAYMENT INFORMATION

Check/MO MasterCard Visa AMEX Discover

CREDIT CARD NUMBER	EXP DATE (MM/YY)
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CREDIT CARD HOLDER'S NAME

CREDIT CARD HOLDER'S BILLING ADDRESS

SIGNATURE FOR CARD AUTHORIZATION

SIGNATURE OF MEMBER	DATE
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*By signing above you agree to our terms & conditions as shown online at www.medicalert.org/
consent. A parent or guardian signature is required for members under 18.*

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Before sending back please make sure, you have picked a medic alert from one of the highlighted ones.

When sizing your wrist measure your wrist and please add ½ inch.

Please be sure to include your blood disorder.

Please provide an emergency contact name & phone number.

To send your Medic Alert application back to the foundation you can email it to info@hemophiliaflorida.org.

Alternatively, fax it to 407-629-9600

Last if needed you can mail:

The Hemophilia Foundation of Greater Florida
1350 Orange Ave Suite 227
Winter Park, FL 32789