



The Kidney Foundation of Central PA

4813 Jonestown Road, Suite 101, Harrisburg, PA 17109

ORDER FORM FOR ENGRAVED MEDICAL JEWELRY

Today's Date:

Contact Person:

Dialysis Unit:

Address:

Phone #:

Email:

Patient:

_____ \$6.50 is enclosed (Make check payable to KFPCP)

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)