

DO NOT RESUSCITATE

(To be inserted in bracelet)

INSTRUCTION FOR FILLING OUT BRACELET INFORMATION

Each bracelet insert must contain the following information in the format outlined below.

See Sample →

Patient Name
Patient Address
Date of Birth Sex (M/F)

Health Care Professional - Name
Phone Number
Health Care Professional - Signature
(Do not copy)

Do Not Resuscitate

Jane Doe
111 Star Rd
No Name, WI 99999
07/04/76 F

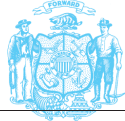
SAMPLE

Dr. Jones
(608) 299-9999
July Jones, MD



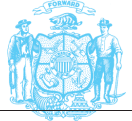
Do Not Resuscitate

Sex
 M F



Do Not Resuscitate

Sex
 M F



Do Not Resuscitate

Sex
 M F



Do Not Resuscitate

Sex
 M F



Do Not Resuscitate

Sex
 M F



Do Not Resuscitate

Sex
 M F



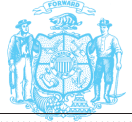
Do Not Resuscitate

Sex
 M F



Do Not Resuscitate

Sex
 M F



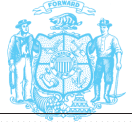
Do Not Resuscitate

Sex
 M F



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Sex
 M F



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Sex
 M F



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Sex
 M F



Do Not Resuscitate

Sex
 M F



Do Not Resuscitate

Sex
 M F



Do Not Resuscitate

Sex
 M F



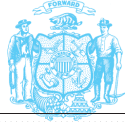
Do Not Resuscitate

Sex
 M F



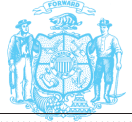
Do Not Resuscitate

Sex
 M F



Do Not Resuscitate

Sex
 M F



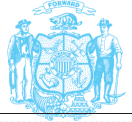
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Sex
 M F



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Sex
 M F



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Sex
 M F



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Sex
 M F

