The Hemophilia Foundation of Southern California offers this benefit to bleeding disorder patients. Eligible patients are able to receive one free tag per year. Please complete the following information to receive your medical ID tag.

**Patient Name**

**Patient Address**

**Patient Phone**

**Patient Birth Date**

**HTC or Hematologist**

**Health Professional Completing Form**

**Parent/Guardian (if applicable)**

**City**  
**State**  
**Zip Code**

**Parent/Guardian Email**

**HTC or Hematologist Phone Number**

**Parent/Guardian Signature**

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**Stainless Steel Silicone Flex**

- Black
- Blue
- Red
- White
- Pink
- Purple

- S (6"
- M (6.75"
- L (7.5"
- XL (8.5"

**Front**

Line 1: ____________________________

Line 2: ____________________________

Line 3: ____________________________

**Back**

Line 1: ____________________________

Line 2: ____________________________

Line 3: ____________________________

Line 4: ____________________________

Line 5: ____________________________

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**Stainless Steel Small Dog Tag Red**

- 18"
- 20"
- 24"
- 27"

**Front**

Line 1: ____________________________

Line 2: ____________________________

**Back**

Line 1: ____________________________

Line 2: ____________________________

Line 3: ____________________________

Line 4: ____________________________

Line 5: ____________________________

Line 6: ____________________________

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Fax completed forms to 626-765-6657 or email to cynthia@hemosocal.org  
or mail to HFSC, 959 E. Walnut St, Suite 114, Pasadena, CA 91106
Stainless Steel
Classic Bracelet

Front
Line 1: ____________________________
Line 2: ____________________________
Line 3: ____________________________
Line 4: ____________________________

Back
Line 1: ____________________________
Line 2: ____________________________
Line 3: ____________________________
Line 4: ____________________________
Line 5: ____________________________

Front
Line 1: ____________________________
Line 2: ____________________________
Line 3: ____________________________
Line 4: ____________________________
Line 5: ____________________________

Small Stainless Steel
Classic Bracelet

Front
Line 1: ____________________________
Line 2: ____________________________
Line 3: ____________________________
Line 4: ____________________________

Back
Line 1: ____________________________
Line 2: ____________________________
Line 3: ____________________________
Line 4: ____________________________
Line 5: ____________________________

Sleek Silicone Bracelet

Front
Line 1: ____________________________
Line 2: ____________________________
Line 3: ____________________________
Line 4: ____________________________

Action Bracelet
Adjustable

Dolphin
Floral Butterfly
Dinosaur
Super Star

Front
Line 1: ____________________________
Line 2: ____________________________
Line 3: ____________________________
Line 4: ____________________________
Line 5: ____________________________
Your medical ID comes with the option to also order these complimentary items below. Please check which ones you would like to receive with your primary medical ID.

- **InCase ID**
  (attaches to back of phone)

- **Charm**
  (select one)

- **Expandable Wallet Card**

*Engraving on InCase will be identical to the engraving you provided for your above primary medical ID.*