American Medical ID

Florida Bleeding Disorders Association™

MyIHR Medical ID Order Form

Email completed forms to Kim@floridahemophilia.org or fax to 954-900-5149
or mail to FHA, 915 Middle River Drive, Suite 501, Fort Lauderdale, FL 91106

Please complete the required information below to obtain your personalized medical ID and MyInteractive Health Record (MyIHR). A unique login and pin will be emailed to you once your order has been processed.

Your order will include an additional charm engraved with your MyIHR access information.

Patient First and Last Name (Required) _____

Patient Email Address (Required) _____

Patient Address (Required) _____

City _____

State _____

Zip Code _____

Patient Phone _____

HTC or Hematologist Phone Number _____

Patient Birth Date _____

HTC or Hematologist _____

Health Professional Completing Form _____

Stainless Steel Flex

NATO Band

☐ Blue/Pink ☐ Blue/Red ☐ Multicolor ☐ Blue/Green/Red

Silicone Band

☐ Black ☐ Blue ☐ Red ☐ White ☐ Pink ☐ Purple

☐ S (6″) ☐ M (6.75″) ☐ L (7.5″) ☐ XL (8.5″)

Front

Line 1: _____ *13 Character Limit*

Line 2: _____ *13 Character Limit*

Line 3: _____ *13 Character Limit*

Back

Line 1: _____ *13 Character Limit*

Line 2: _____ *13 Character Limit*

Line 3: _____ *13 Character Limit*

Line 4: _____ *13 Character Limit*

Line 5: _____ *13 Character Limit*

Stainless Steel Small Dog Tag Red

☐ 18″ ☐ 20″ ☐ 24″ ☐ 27″

Front

Line 1: _____ *11 Character Limit*

Line 2: _____ *11 Character Limit*

Back

Line 1: _____ *20 Character Limit*

Line 2: M O R E M E D I N F O

Line 3: M Y I H R . C O M O R

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

Line 5: U S E R : N A M E #

Line 6: P I N : P I N # # #

Stainless Steel Classic Bracelet

☐ 7″ ☐ 8″ ☐ 9″ ☐ 10″

Front

Line 1: _____ *15 Character Limit*

Line 2: _____ *15 Character Limit*

Line 3: _____ *15 Character Limit*

Line 4: _____ *15 Character Limit*

Back

Line 1: _____ *25 Character Limit*

Line 2: F O R M O R E M E D I C A L I N F O

Line 3: M Y I H R . C O M 8 0 0 - 4 9 0 - 2 4 0 0

Line 4: U S E R : N A M E # P I N : P I N # # #

Small Stainless Steel Classic Bracelet

☐ 5″ ☐ 6″ ☐ 7″ ☐ 8″
☐ 9″ ☐ 10″

Front

Line 1: _____ *10 Character Limit*

Line 2: _____ *13 Character Limit*

Line 3: _____ *12 Character Limit*

Line 4: _____ *13 Character Limit*

Line 5: _____ *10 Character Limit*

Back

Line 1: M O R E M E D I N F O

Line 2: M Y I H R . C O M O R

Line 3: 8 0 0 - 4 9 0 - 2 4 0 0

Line 4: U S E R : N A M E #

Line 5: P I N : P I N # # #

Sleek Silicone Bracelet*

Black ☐ Blue ☐ Red ☐ White ☐ Pink ☐ Purple ☐

☐ S (6″) ☐ M (7″) ☐ L (8″) ☐ XL (9″)

Line 1: M Y I H R . C O M O R

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

Line 3: U S E R : N A M E #

Line 4: P I N : P I N # # #

Adjustable 5.5″ - 6.75″

Dolphin ☐ Floral Butterfly ☐ Dinosaur ☐ Super Star ☐

Front

Line 1: _____ *16 Character Limit*

Line 2: M Y I H R . C O M O R

Line 3: 8 0 0 - 4 9 0 - 2 4 0 0

Line 4: U S E R : N A M E #

Line 5: P I N : P I N # # #

**ID with MyIHR will not allow for additional personalized engraving space.*

Stainless Steel Classic Necklace

☐ 18″ ☐ 24″
☐ 22″ ☐ 27″

Front

Line 1: _____ *9 Character Limit*

Line 2: _____ *11 Character Limit*

Line 3: _____ *13 Character Limit*

Back

Line 1: _____ *11 Character Limit*

Line 2: _____ *13 Character Limit*

Line 3: _____ *14 Character Limit*

Line 4: M O R E M E D I N F O

Line 5: M Y I H R . C O M O R

Line 6: 8 0 0 - 4 9 0 - 2 4 0 0

Line 7: U S E R : N A M E #

Line 8: P I N : P I N # # #

Small Stainless Steel Classic Necklace

☐ 18″ ☐ 24″
☐ 20″ ☐ 27″

Front

Line 1: _____ *8 Character Limit*

Line 2: _____ *10 Character Limit*

Back

Line 1: _____ *8 Character Limit*

Line 2: M E D I N F O

Line 3: M Y I H R . C O M O R

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

Line 5: U S E R : N A M E #

Line 6: P I N : P I N # # #

Line 7: _____ *10 Character Limit*

Line 8: _____ *8 Character Limit*

To order one of each of the 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.*

For questions please email **support@americanmedical-id.com**