



# BROWARD HEALTH

## RE: BABY BRACELET PROGRAM

Dear Parents:

If you would like to order a **KEEPSAKE BRACELET** for your baby, please fill out the order form at the bottom of this sheet. Each bracelet is made up with the baby's name in the center and either pink or blue beads on the sides, depending upon the sex of the baby. THEY ARE PRICED AT \$4.00 EACH. Bracelets will be mailed to you upon completion. Please prepay and make checks payable to CSMC AUXILIARY. You can mail your order to the following address or there is a box provided at the nurses' station for your orders (after you are admitted).

ATTN: CSMC Auxiliary  
Broward Health Coral Springs Medical Center  
3000 Coral Hills Drive  
Coral Springs, FL 33065

Orders will be filled within one week and mailed to you. You may also wish to consider ordering a bracelet for your other siblings at home. If so, please include this on your order form.

For your information, all moneys collected from the sale of the bracelets are donated to the hospital for needed hospital equipment, or for scholarships to those students entering the healthcare field. If you have any questions, please call the Volunteer Office at 954-344-3381. Congratulations and best wishes to you and your baby!

### CORAL SPRINGS MEDICAL CENTER

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NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ BOY: \_\_\_\_\_ GIRL: \_\_\_\_\_

BABY'S NAME: \_\_\_\_\_ NUMBER OF BRACELETS: \_\_\_\_\_

**KEEPSAKE – DO NOT PUT ON BABY'S WRIST**

### PATIENT'S RECEIPT

NAME OF PATIENT: \_\_\_\_\_

PAID TO: \_\_\_\_\_

CHECK OR CASH: \_\_\_\_\_ DATE: \_\_\_\_\_