**DO NOT RESUSCITATE ORDER**

PATIENT INFORMATION:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Gender: Male□ Female□

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_  Race \_\_\_\_\_\_\_\_\_ Eye Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hair Color \_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ ZIP\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the above named patient, am capable of making an informed decision and do not wish to receive life-resuscitating treatment in the event of a cardiac or respiratory arrest.

I understand “Do Not Resuscitate” (DNR) order means that if my heart stops beating or if I stop breathing, no medical procedure to restart breathing or heart functioning will be instituted.

I give permission for this information to be given to the prehospital emergency care personnel, doctors, nurses or other health personnel as necessary to implement this directive.

I understand I may revoke this directive at any time by destroying this form and removing any “DNR” medallions.

I hereby agree to the “Do Not Resuscitate” (DNR) order.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_               \_\_\_/\_\_\_/\_\_\_\_\_\_

Patient’s Legally Recognized Health Care Decisionmaker Signature         Date

PHYSICIAN’S STATEMENT

I, the undersigned, a physician licensed number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the physician of the patient named above. I hereby understand that in the event of cardiac or respiratory arrest, NO cardiopulmonary resuscitation, chest compressions, assisted ventilations, intubation, defibrillation, cardiotonic medications, advanced cardiac life support drugs, and related medical procedures are to be initiated.

I have explained this form and its consequences to the signer and obtained assurance that the signer understands that death may result from any refused care listed above

I also understand that consent for the order for resuscitation may be revoked at any time by the consenting person.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Signature                                               Print Name

License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_\_\_\_

WITNESS

I  was present when this was signed (or marked). The patient then appeared to be of sound mind and free from duress.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Witness Signature