



**DO NOT RESUSCITATE ORDER**

PATIENT'S NAME: \_\_\_\_\_

I have discussed my health status with my physician \_\_\_\_\_.

I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me. This order is effective until I revoke it.

I am aware that I can revoke this order at any time by simply expressing my request verbally, or in writing, to my caretaker(s), family, physician, home health care patient advocate, or any other designated patient advocate.

Being of sound mind, I voluntarily execute this order, and I understand its full import.

**➔ Patient (Declarant):**

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

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

**➔ Patient Advocate (or person signing for the patient, in their presence, or according to their directions):**

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Patient Advocate or Responsible Party's Signature)

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

**PHYSICIAN ORDER ----- DO NOT RESUSCITATE**

\_\_\_\_\_  
(Print Physician's Full Name)

\_\_\_\_\_  
(Physician's Signature)

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

**ATTESTATION OF WITNESS**

The individual who has executed this order appears to be of sound mind, and under no duress, fraud, or undue influence.

\_\_\_\_\_  
(Witness Signature)                      Date \_\_\_\_\_

\_\_\_\_\_  
(Print Witness Name)

**REVOCATION OF DNR**

The individual who has revoked this order appears to be of sound mind, and under no duress, fraud, or undue influence.

\_\_\_\_\_  
(Patient Signature)                      Date \_\_\_\_\_

\_\_\_\_\_  
(Witness Signature)                      Date \_\_\_\_\_