

# DO NOT RESUSCITATE (DNR) FORM

## DO NOT RESUSCITATE (DNR) ORDER

This Do Not Resuscitate (DNR) Order is made and entered into on the

\_\_\_\_\_ day of \_\_\_\_\_ ,  
20 \_\_\_\_\_ , by and between the undersigned individual  
(hereinafter referred to as "Patient") and the healthcare provider or institution (hereinafter  
referred to as "Healthcare Provider").

### 1. DECLARATION OF INTENT

The Patient hereby declares their wish to forgo cardiopulmonary resuscitation (CPR) or  
advanced cardiac life support if their heart stops or they stop breathing. This decision is made  
voluntarily and after careful consideration of the Patient's current health condition and prognosis.  
The Patient acknowledges understanding the consequences of this decision.

### 2. PATIENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### 3. HEALTHCARE PROVIDER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### 4. LEGAL REPRESENTATIVE (IF APPLICABLE)

Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### 5. DEFINITIONS

For the purpose of this DNR Order, the following terms shall have the meanings ascribed to them below:

"CPR" refers to cardiopulmonary resuscitation, including chest compressions, artificial ventilation, defibrillation, and other related procedures.

"Advanced Cardiac Life Support" refers to medical interventions used to treat cardiac arrest, including intubation, medication administration, and other advanced procedures.

#### 6. GOVERNING LAW

This DNR Order shall be governed by and construed in accordance with the laws of the State of \_\_\_\_\_ . The parties agree to submit to the jurisdiction of the courts of this state for any disputes arising under this Order.

#### 7. SEVERABILITY

If any provision of this DNR Order is found to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

#### 8. ENTIRE AGREEMENT

This DNR Order constitutes the entire agreement between the parties with respect to its subject matter and supersedes all prior agreements and understandings, whether written or oral.

## 9. NOTICE

Any notice required or permitted under this DNR Order shall be in writing and shall be deemed to have been duly given if delivered personally, sent by certified mail, or by electronic mail to the addresses provided herein.

## 10. AMENDMENT

This DNR Order may only be amended or modified by a written agreement signed by both the Patient and the Healthcare Provider.

## 11. TERMINATION

This DNR Order may be revoked by the Patient at any time through a written and signed notice to the Healthcare Provider.

## 12. SIGNATURES

Patient:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_\_

Print Name: \_\_\_\_\_

Healthcare Provider:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_\_

Print Name: \_\_\_\_\_

Legal Representative (if applicable):

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ day of  
\_\_\_\_\_, 20 \_\_\_\_\_

Print Name: \_\_\_\_\_

### 13. WITNESS

Witness:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ day of  
\_\_\_\_\_, 20 \_\_\_\_\_

Print Name: \_\_\_\_\_

### 14. NOTARY PUBLIC

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of  
\_\_\_\_\_, 20 \_\_\_\_\_,

before me, the undersigned Notary Public, personally appeared

\_\_\_\_\_, known to me (or satisfactorily proven) to be the  
person whose name is subscribed to the within instrument, and acknowledged that they executed  
the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Signature of Notary Public: \_\_\_\_\_

Date: \_\_\_\_\_ day of  
\_\_\_\_\_, 20 \_\_\_\_\_

Print Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

This document is intended to ensure that the Patient's wishes regarding resuscitation and life support are respected and followed by all healthcare providers.