

DO NOT RESUSCITATE ORDER

1. CONSENT

I, _____ *[patient name]*, a resident of _____ *[patient's hospital or facility address]*, individually or through my legally authorized representative, being of sound mind and legal age, hereby request and consent to emergency medical treatment only as set forth herein.

I understand and acknowledge that a Do Not Resuscitate Order means that, in the event that my heart stops beating or I stop breathing, no medical treatments or procedures shall be started or continued by the staff of this Facility. Furthermore, I give permission and hereby consent to this information being provided to paramedics, doctors, nurses, hospital personnel, or any other health care or emergency personnel. I understand and acknowledge that this decision may not prevent emergency medical treatment by paramedics or other medical or emergency personnel prior to my death.

I, _____ *[physician name]*, am the attending physician of the patient named above and direct all medical personnel not to initiate any medical treatments or cardiopulmonary procedures to resuscitate the patient.

2. EFFECTIVENESS AND REVOCATION

This Do Not Resuscitate Order shall take effect on _____ *[date of signing]* and shall continue to be effective until _____ *[effectiveness end date]*.

3. PATIENT AND PHYSICIAN SIGNATURES

Patient Name

Physician Name

Patient Signature

Physician Signature

Date: _____

Date: _____

4. WITNESS ATTESTATION

The above patient executing this order appears to be of sound mind and under no duress, fraud, or undue influence. I attest that I am of sound mind and legal age and that I have witnessed the giving of consent by the above Declarant.

First Witness Name: _____

Second Witness Name: _____

(First Witness Signature)

(Second Witness Signature)

NOTARY ACKNOWLEDGMENT

State of _____

County of _____

On _____, 20__ before me, _____ (name and title of officer), personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that she/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature _____

(Seal)

Print Name _____