

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Doctor's Name]
[Doctor's Office/Facility Name]
[Office Address]
[City, State, Zip Code]

Dear [Doctor's Name],

Subject: Do Not Resuscitate (DNR) Appointment Request

I hope this letter finds you well. I am writing to formally request a Do Not Resuscitate (DNR) order. This decision is made after careful consideration and in alignment with my personal healthcare wishes. Please find the necessary information and details regarding my medical history and preferences attached to this letter. I kindly ask for your assistance in facilitating this request and providing guidance on the next steps.

Thank you for your attention to this matter. I look forward to discussing this with you at your earliest convenience.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]