

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Organization/Facility Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request an appointment to discuss my Do Not Resuscitate (DNR) preferences and complete the necessary documentation. Please let me know your available times.

Thank you for your assistance.

Sincerely,

[Your Name]