

[Your Organization's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Confirmation of DNR Appointment

We are writing to confirm your Do Not Resuscitate (DNR) appointment scheduled for [Date] at [Time]. The appointment will take place at [Location/Facility Name].

Please bring any necessary documentation and be prepared to discuss your wishes and preferences regarding your DNR status. If you have any questions or need to reschedule, feel free to contact us at [Phone Number] or [Email Address].

Thank you for allowing us to assist you with your healthcare planning.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]

[Optional: Organization's Logo]