

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Position]
[Hospital/Healthcare Facility Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Appointment of Do Not Resuscitate (DNR) Status

I hope this letter finds you well. I am writing to formally designate my Do Not Resuscitate (DNR) order regarding my medical care. I understand the implications of this decision and am making it to ensure that my wishes are respected in the event of a medical emergency.

In accordance with [insert relevant state law or guidelines], I declare that in the event of a cardiopulmonary arrest, I do not wish to receive resuscitation measures, including but not limited to CPR, intubation, or advanced cardiac life support.

Please include this DNR order in my medical records and ensure that all attending healthcare providers are aware of my wishes. I have discussed this decision with my physician, [Physician's Name], and feel fully informed about its implications.

Attached to this letter, you will find a signed DNR form, which I kindly ask you to acknowledge. Should you need any further information or documentation, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

Enclosure: DNR Form