

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Healthcare Provider's Name]
[Provider's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for Do Not Resuscitate (DNR) Appointment

I hope this letter finds you well. I am writing to request an appointment to discuss and establish a Do Not Resuscitate (DNR) order for myself/[Patient's Name].

[Briefly explain your reasons for the DNR request, including any relevant medical conditions or personal wishes.]

Please let me know a convenient time for us to meet and discuss this important matter further. I appreciate your attention to my request and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]
[Your Relationship to Patient, if applicable]