

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Doctor's Name]  
[Medical Facility Name]  
[Facility Address]  
[City, State, ZIP Code]

Dear [Doctor's Name],

I hope this message finds you well.

I am writing to request an appointment to discuss my Do Not Resuscitate (DNR) preferences. It is important for me to ensure that my wishes are clear and properly documented.

Please let me know your available times for an appointment. I appreciate your assistance in this matter.

Thank you.

Sincerely,

[Your Name]