

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

Dear [Recipient's Name],

Subject: DNR Appointment Procedures

I hope this letter finds you well. I am writing to inquire about the procedures for discussing and formalizing a Do Not Resuscitate (DNR) order for [Patient's Name], who is currently under your care.

As we consider the best approach for [Patient's Name]'s end-of-life care, it is important for us to understand the steps involved in setting up a DNR. Specifically, I would like to ask the following:

1. What documentation is required to initiate a DNR order?
2. Are there specific forms that need to be completed by the patient or the healthcare proxy?
3. Who is typically involved in the discussion and signing of the DNR order?
4. What are the guidelines regarding family consultation before the final decision is made?
5. How will the DNR order be communicated to the medical staff involved in [Patient's Name]'s care?

We appreciate your guidance and assistance in this sensitive matter.

Please let us know a convenient time to discuss this further or if there is a specific protocol to follow.

Thank you for your attention to this important issue.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Relationship to Patient]