

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Healthcare Facility/Provider's Name]
[Facility Address]
[City, State, Zip Code]
Dear [Recipient's Name],
Subject: Request for DNR Appointment

1. ****Introduction****
 - Briefly introduce yourself and your purpose for writing.
2. ****Background Information****
 - Provide any relevant medical history or circumstances that prompt the DNR request.
3. ****DNR Request****
 - Clearly state your request for a DNR (Do Not Resuscitate) appointment.
 - Mention any specific wishes or considerations regarding the DNR order.
4. ****Contact Information****
 - Provide your preferred method for scheduling the appointment (phone, email, etc.) and your availability.
5. ****Closing****
 - Thank the recipient for their attention to this matter.
 - Express your hope for a timely response.

Sincerely,
[Your Name]
[Your Signature (if sending a hard copy)]