

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Doctor's Name]  
[Medical Practice/Hospital Name]  
[Address]  
[City, State, Zip Code]

Dear [Doctor's Name],

I am writing to request a medical appointment to discuss the establishment of a Do Not Resuscitate (DNR) order. I believe it is important to have a clear plan regarding my medical care preferences in the event of a life-threatening situation.

Please let me know your availability for this discussion, as well as any necessary documentation I should bring to our meeting.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]