

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Date]
[Doctor's Name]
[Clinic/Hospital Name]
[Clinic/Hospital Address]
[City, State, ZIP Code]

Dear [Doctor's Name],

I hope this letter finds you well. I am writing to confirm my upcoming appointment on [date] at [time] for the Do Not Resuscitate (DNR) documentation. I appreciate your assistance with this matter and look forward to discussing my wishes regarding my end-of-life care.

Thank you for your attention and understanding. Please let me know if there is any paperwork I should bring or complete prior to my appointment.

Best regards,

[Your Name]
[Your Contact Number]