

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

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request an appointment regarding the establishment of a Do Not Resuscitate (DNR) order for [Patient's Name], who is currently under my care.

Given [briefly explain the medical circumstances or reasons for the DNR request], I believe it is essential to have a clear directive in place to ensure that [Patient's Name]'s wishes regarding medical treatment are respected.

Please let me know a convenient time for us to discuss this matter in further detail. I appreciate your attention to this important issue and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Organization]