

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Recipient's Title]  
[Organization/Institution Name]  
[Organization Address]  
[City, State, ZIP Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request an appointment to discuss the establishment of a Do Not Resuscitate (DNR) order for my [relationship, e.g., parent, spouse, etc.], [Patient's Name], who is currently receiving care at [Facility/Institution Name]. Given [Patient's Name]'s current health condition and the guidance from their healthcare providers, I believe it is essential to have a conversation regarding their wishes and preferences for medical treatment in critical situations.

Please let me know your available times for this appointment. I appreciate your attention to this important matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]