

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

Dear [Recipient's Name],

I am writing to request an appointment for a Do Not Resuscitate (DNR) order discussion. I would like to ensure my healthcare wishes are documented appropriately.

Please let me know available dates and times for this appointment. Thank you for your assistance.

Sincerely,
[Your Name]