

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

[Recipient's Name]
[Recipient's Title]
[Facility/Office Name]
[Facility Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for DNR Appointment

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

The purpose of this appointment is to review the patient's current health status and to ensure that all necessary legal and medical protocols are followed regarding the DNR order. I believe that having this conversation will be essential for aligning the patient's wishes with their medical treatment.

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

Thank you for your support and understanding.

Sincerely,

[Your Name]
[Your Title/Relationship to Patient]
[Patient's Details, if necessary]