

FLORIDA DO NOT RESUSCITATE ORDER (Please use ink)

Patient's Full Legal Name		
(Print or	Type Name)	(Date)
PA	TIENT'S STAT	EMENT
Based upon informed consent, I, the und (If not signed by patient, check applicab	le box):	
☐ Surrogate ☐ Proxy (both as defined i☐ Court appointed guardian ☐ Durable	<u> </u>	,
(Applicable Signature)		(Print or Type Name)
<u>PHYSICIAN</u>	VS STATEMENT	
I, the undersigned, a physician licensed the patient named above. I hereby direct resuscitation (artificial ventilation, cardiform the patient in the event of the patient	the withholding of ac compression, e	or withdrawing of cardiopulmonary ndotracheal intubation and defibrillation
(Print or Type Name)	(P.	hysician's Medical License Number)

Pursuant to s. 401.45, F.S., a copy or original of this DNRO may be honored by hospital emergency services, nursing homes, assisted living facilities, home health agencies, hospices, adult family-care and emergency medical services.

DH Form 1896, Revised February 2000

PHYSICIAN'S STATEMENT	FLORIDA DO NOT RESUSCITATE ORDER
	(Please use ink)
I, the undersigned, a physician licensed pursuant to Chapter 458 or 459, F.S. am the	Patient's Full Legal Name
physician of the patient named above. I hereby direct the withholding or withdrawing of	(Print or Type Name) (Date)
cardiopulmonary resuscitation (artificial ventilation, cardiac compression, endotracheal	
intubation and defibrillation) from the patient in the event of the patient's cardiac or	
respiratory arrest. (Signature of Physician) (Date) Telephone Number (Emergency)	D. MICHARDON AND AND AND
(Signature of Friguetary (Butter) Ferephone Future (Binesgeney)	<u>PATIENT'SSTAIEMENT</u>
	Based upon informed consent, I, the undersigned. hereby direct that
(Print or Type Name) (Physician's Medical License Number)	CPR be withheld or withdrawn. (If not signed by patient, check
Pursuant to s401.45, F.S., a copy or original of this DNRO may be honored by	applicable box):
hospital emergency services, nursing homes, assisted living facilities, home health	□ Surrogate □ Proxy (both as defined in Chapter 765. F.S.)
	☐ Court appointed guardian ☐ Durable power of attorney
agencies. hospices, adult family-care and emergency medical services.	(pursuant to Chapter 709. F.S.)
DOH Form 1896, Revised February 2000	(Amiliantia Cimetum) (Brief or Town Name)
-	(Applicable Signature) (Print or Type Name)