tant! ler to be legally valid this form MUST nted on yellow paper prior to being leted. EMS and medical personnel nly required to honor the form if it is	FLORIDA DEPARTMEN			
d on yellow paper.				
d.	State of I			
DO NOT	RESUSC	ITATE	ORDE	R
	(please use	ink)		
Patient's Full Legal Name:			Date:	
<u> </u>	(Print or Type Nar	ne)		
		TEMENT		
Based upon informed consent, (If no	PATIENT'S STA I, the undersigned, he t signed by patient, ch	reby direct that C		or withdrawn.
	(y (both as defined in C		-	
Court appointed guardian Dura		-		
(Applicable Signature)			Print or Type Nam	
I, the undersigned, a physician licens patient named above. I hereby direct (artificial ventilation, cardiac compre- in the event of the patient's cardiac	t the withholding or with ssion, endotracheal int	ndrawing of cardi	opulmonary resu	scitation
(Signature of Physician)	(Date)	Telephone Number (Emergency)		
(Print or Type Name)		(Physicia)	n's Medical Licer	se Number)
(Find of Type Name)		(i Hysiolai		
DH Form 1896, Revised December 2002				
PHYSICIAN'S STATEM			te of Florida NOT RESUSCITA	
I, the undersigned, a physician licensed purs or 459, F.S., am the physician of the patient I hereby direct the withholding or withdrawing	uant to Chapter 458 named above.			TE ORDER
resuscitation (artificial ventilation, cardiac co endotracheal intubation and defibrillation) fro	, or our anopairionally			TE ORDER
event of the patient's cardiac or respiratory a	mpression, P	atient's Full Legal Name (F	Print or Type)	(Date)
	mpression, om the patient in the arrest.	TIENT'S STATEMEN sed upon informed cons	NT sent, I, the undersigned	(Date) I,hereby direct that C
(Signature of Physician) (Date) Telephon	mpression, om the patient in the arrest. Ba be e Number (Emergency)	TIENT'S STATEMEN sed upon informed cons	NT sent, I, the undersigned (If not signed by patien in Chapter 765, F.S.)	(Date) I,hereby direct that C

(Print or Type Name) (Physician's Medical License Number)

DH Form 1896, Revised December 2002

(Applicable Signature)