CCFORM 9/2006



MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH OFFICE OF EMERGENCY MEDICAL SERVICES

COMFORT CARE / DO NOT RESUSCITATE ("DNR") ORDER VERIFICATION

PATIENT'S LAST NAME			
PATIENT'S FIRST NAME	PATIENT'S N	MIDDLE NAM	//E OR INITIAL
DATE OF BIRTH (MM/DD/YYYY) GENDER M F			
STREET OR RESIDENTIAL ADDRESS			
CITY		STATE	ZIP CODE (5 or 9 digits) –
LAST NAME OF GUARDIAN OR HEALTH CARE AGENT (If applicable)			
FIRST NAME OF GUARDIAN OR HEALTH CARE AGENT	MIDDLE NAM	MIDDLE NAME OR INITIAL	
PATIENT/GUARDIAN/HHEALTH CARE AGENT STATEMENT (SIGNATURE AND DATE REQUIRED) Compatient guardian health care agent) verify that the above named patient has a current and valid Do Not Resuscitate order ("DNR order"). I understand that by signing this form, the DNR order, if current and valid, will be recognized in out-of-hospital settings and the COMFORT CARE / Do Not Resuscitate Order Verification Protocol will be followed by emergency medical services personnel.			
Signature of Patient/Guardian/Health Care Agent		Date	
PHYSICIAN / NURSE PRACTICIONER (NP) / PHYSICIAN ASSISTANT (PA) VERIFICATION (PHYSICIAN / NP / PA SIGNATURE AND DATES ALWAYS REQUIRED) I am an attending physician / NP / PA for the above named patient. I verify that the above named patient has a current and valid Do Not Resuscitate order, issued on This DNR order			
ALWAYS REQUIRED) I am an attending physician / NP / PA for the above named patient. I verify that the above order, issued on This DNR order does does not have an expiration date. If there verification form also expires on that date. I hereby direct that all emergency medical services personnel comply with the Massachu	e named patient has is an expiration dat usetts Department of	a current are, it is indica	nd valid Do Not Resuscitate ted below, and this
ALWAYS REQUIRED) I am an attending physician / NP / PA for the above named patient. I verify that the above order, issued on This DNR order	e named patient has is an expiration dat setts Department of to the above name	e, it is indica Public Heal d patient.	ted below, and this th, Office of Emergency Medical
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