

Do Not Resuscitate (DNR) Form

I understand the definition of do not resuscitate (DNR). If my heart stops beating, or if I stop breathing, no medical treatment will be started or continued.

I understand that this decision will not stop me from seeking emergency medical care by paramedics and other medical care that my physician orders before my death.

I understand that my physician will continue to take steps to make me comfortable until my death.

I may change my mind about this at any time.

Signature of patient or responsible party

Date

Witness

Date

Patient's address
