

**REVOCATION OF OUT OF HOSPITAL DO NOT
RESUSCITATE DECLARATION
AND PHYSICIAN'S DO NOT RESUSCITATE ORDER**

I, _____, Declarant, executed an Out of Hospital Do Not Resuscitate Declaration and Physician's Do Not Resuscitate Order on the ____ day of _____, 20____.

IC 16-36-1.5-10 provides that I have the right to withdraw my consent to treatment at any time.

This is my written revocation as indicated above of my Declaration and is provided to all persons to whom I have provided a copy of that Declaration.

DATED this the ____ day of _____, 20____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____