

I have discussed my health status with my physician, _____

I request that in the event my heart stops and I stop breathing, no person shall attempt to resuscitate me.

This order is effective until it is revoked by me.

Being of sound mind, I voluntarily execute this order and understand its full impact.

Printed Name of Patient: _____ Date _____

Signature of Patient: _____ Date _____

Patients Authorized Representative:

Printed: _____ Date: _____

Signature: _____ Date: _____

Attestation of Witness: The individual who has executed this order appears to be of sound mind and under no duress, fraud or undue influence.

Witness Name (printed): _____ Date: _____

Witness Name signature: _____ Date: _____

Physician Order: The patient identified above does not desire cardiopulmonary resuscitation (CPR) to be performed should they suffer cardiac or respiratory arrest.

Physician Signature: _____ Date: _____