

# Physician DNR Order Form

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I hereby order DNR (Do Not Resuscitate) for

\_\_\_\_\_, who has requested  
*(name of patient)*

this and is competent to make this decision.

I hereby order DNR (Do Not Resuscitate) as requested by

\_\_\_\_\_, acting for  
*(name and relationship to patient)*

\_\_\_\_\_, who has been found  
*(name of patient)*

incompetent.

\_\_\_\_\_  
*Physician's signature*

\_\_\_\_\_  
*Date*