DNR Form

Patient Information

Full Name: John A. Doe

Date of Birth: January 15, 1955

Address: 123 Main Street, Anytown, USA

Phone Number: (555) 555-5555

Emergency Contact: Jane Doe (Spouse)

State-Specific Requirements

As a medical professional, I have reviewed my state's specific regulations for DNR forms, ensuring compliance with witness and physician requirements.

Patient Decision

I, John A. Doe , hereby express my informed decision regarding resuscitation efforts in the event of cardiac or respiratory arrest. I understand the implications of this decision and have had the opportunity to discuss it with my healthcare provider.

Witnesses (if required)

1. **Witness Name:** Jane Doe
    - Relationship to the Patient: Spouse
    - Signature: Jane Doe
    - Date: January 4, 2024
2. **Witness Name:** Dr. Sarah Thompson (Attending Doctor)
    - Relationship to the Patient: Healthcare Provider
    - Signature: Dr. Sarah Thompson
    - Date: January 4, 2024

Physician Confirmation

I, Dr. Sarah Thompson , confirm that I have had a comprehensive discussion with the patient regarding the implications of the decision concerning resuscitation efforts. Understanding the intricacies of the medical condition, I am confident that the decision is voluntary and well-informed.

- **Physician's Signature:** Dr. Sarah Thompson
- **Date:** January 4, 2024

- **Medical License Number:** MD123456
- **Contact Information**
  - **Email:** dr.sarah.thompson@email.com
  - **Phone:** (555) 123-4567

Additional Notes/Comments

Mr. Doe has been suffering from advanced-stage cancer and has expressed a desire to focus on comfort measures. The decision aligns with his treatment goals and is well-documented in his medical records.

Review and Renewal

This DNR form should be reviewed periodically or in case of a significant change in the patient's health status. It can be renewed, modified, or revoked based on his wishes.

Patient and Family Education

I have provided the patient and the family with informational resources and ensured they understand the implications of this decision. Open communication channels have been established for any further discussions.

Distribution

Copies of the signed DNR form have been distributed to the patient, family, and relevant healthcare facilities involved in the care.

Legal Consultation

I have ensured compliance with state-specific regulations and sought legal advice to address any concerns related to the DNR form.