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**DO NOT RESUSCITATE ORDER**

**NAME OF PATIENT:** \_\_\_\_\_

**THIS CERTIFIES THAT AN ORDER NOT TO RESUSCITATE HAS BEEN ENTERED ON THE ABOVE-NAMED PATIENT.**

**SIGNED:** \_\_\_\_\_  
**ATTENDING PHYSICIAN**

**PRINTED OR TYPED NAME OF ATTENDING PHYSICIAN:**

\_\_\_\_\_

**ATTENDING PHYSICIAN'S TELEPHONE NUMBER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ “

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