Do Not Resuscitate Form Template

LEGAL DECLARATION - THE PATIENT, WHO IS A SIGNATORY TO THIS DOCUMENT AND HAS TITLED THEMSELVES BELOW, HEREBY REFUSES THE RIGHT TO ANY AND ALL ATTEMPTS TO RESUSCITATE THEIR CARDIOPULMONARY SYSTEM IN THE CASE OF EMERGENCIES.

The patient, \_\_\_\_\_\_\_\_\_\_\_\_\_, residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hereby issues a legal request to avoid the performing of any kind of resuscitation on their person and, instead, allow a natural passing in the case of emergency.

The medical professional in charge of the person, hereby titled the practitioner, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with a mailing address located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hereby attests to the wishes of the patient, and acknowledges that the patient, who is of sound mind, has no path towards a foreseeable cure, medical technique or innovation that is likely to contribute to the betterment of their condition. For this reason, the practitioner agrees to follow the terms of the do not resuscitate form in the event that the patient is in a life-threatening medical emergency stemming from a pre-existing condition. The practitioner acknowledges that any medical emergency to which cardiopulmonary resuscitation is administered as a means of the first response is included in the list of emergencies that the client chooses to refuse treatment.

The witness, titled \_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby acknowledges that both parties, i.e., the practitioner and the patient, at the time of signing of this document, were under no unfair duress, compulsion and/or coercion, and were of sound mind. Additionally, the witness acknowledges that the signing of this document was executed in his/her presence.

**PATIENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WITNESS SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRACTITIONER SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_**

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