POLST - DNR Section

Name (print):

Relationship to Patient:

SECTION A: CARDIOPULMONARY RESUSCITATION (CPR)

Attempt Resuscitation/CPR (Full Code) Do Not Attempt Resuscitation (DNR/no CPR)

PHYSICIAN/AUTHORIZED PRACTITIONER SIGNATURE

Signature:

Date:

Name (print):

Phone Number:

PATIENT OR SURROGATE SIGNATURE (OPTIONAL BUT RECOMMENDED)

Signature:

Date:

Review of this order is recommended periodically and whenever the patient's condition changes.