

# Telemedicine DNR Authorization Form

## Patient Information

Patient Name

Date of Birth

Patient ID/Medical Record Number

## Authorization Details

Date of Authorization

Time of Authorization

Reason for DNR

## DNR Consent

☐ I authorize Do Not Resuscitate (DNR) order for the patient above.

## Telemedicine Provider

Provider Name

Provider License Number

## Signature

Electronic Signature

Date

