



FLORIDA
DO NOT RESUSCITATE ORDER
(Please use ink)

Patient's Full Legal Name _____
(Print or Type Name) (Date)

PATIENT'S STATEMENT

Based upon informed consent, I, the undersigned, hereby direct that CPR be withheld or withdrawn.
(If not signed by patient, check applicable box):

- Surrogate Proxy (both as defined in Chapter 765, F.S.)
 Court appointed guardian Durable power of attorney (pursuant to Chapter 709, F.S.)

(Applicable Signature) (Print or Type Name)

PHYSICIAN'S STATEMENT

I, the undersigned, a physician licensed pursuant to Chapter 458 or 459, F.S., am the physician of the patient named above. I hereby direct the withholding or withdrawing of cardiopulmonary resuscitation (artificial ventilation, cardiac compression, endotracheal intubation and defibrillation) from the patient in the event of the patient's cardiac or respiratory arrest.

(Print or Type Name) (Physician's Medical License Number)

Pursuant to s. 401.45, F.S., a copy or original of this DNRO may be honored by hospital emergency services, nursing homes, assisted living facilities, home health agencies, hospices, adult family-care and emergency medical services.

DH Form 1896, Revised February 2000

<u>PHYSICIAN'S STATEMENT</u>	FLORIDA DO NOT RESUSCITATE ORDER (Please use ink)
I, the undersigned, a physician licensed pursuant to Chapter 458 or 459, F.S. am the physician of the patient named above. I hereby direct the withholding or withdrawing of cardiopulmonary resuscitation (artificial ventilation, cardiac compression, endotracheal intubation and defibrillation) from the patient in the event of the patient's cardiac or respiratory arrest.	Patient's Full Legal Name _____ (Print or Type Name) (Date)
Signature of Physician (Date) Telephone Number (Emergency)	<u>PATIENT'S STATEMENT</u>
(Print or Type Name) (Physician's Medical License Number)	Based upon informed consent, I, the undersigned, hereby direct that CPR be withheld or withdrawn. (If not signed by patient, check applicable box): <input type="checkbox"/> Surrogate <input type="checkbox"/> Proxy (both as defined in Chapter 765, F.S.) <input type="checkbox"/> Court appointed guardian <input type="checkbox"/> Durable power of attorney (pursuant to Chapter 709, F.S.)
Pursuant to s.401.45, F.S., a copy or original of this DNRO may be honored by hospital emergency services, nursing homes, assisted living facilities, home health agencies, hospices, adult family-care and emergency medical services. DOH Form 1896, Revised February 2000	(Applicable Signature) (Print or Type Name)