MIDDLESEX
HOSPITAL

DO NOT RESUSCITATE (DNR) ORDER

_____ understand that DNR means that if my heart stops or is inadequate, that no resuscitation will be initiated or continued.

I understand that I will continue to receive supportive medical care as deemed reasonable by health care personnel as necessary to implement these orders.

I consent to have a DNR identification bracelet placed on my wrist or ankle to indicate my wishes to health care personnel. I am aware that I can immediately revoke this request at any time by removal of the bracelet and that this order will only be honored if the bracelet is intact (and recognized by health care personnel).

I HEREBY AGREE to the "DO NOT RESUSCITATE (DNR) " order.

_____ _____
Patient Signature of Conservator of Person or Durable Power-of-Attorney (Health Appointed) ATTACHED APPOINTMENT FORM — Date

_____ - _____ - _____ Patients' Social Security number

I HAVE WITNESSED the above signature

_____
Witness Signature

I Agree to the DNR order for _____ as outlined above.

_____ _____ _____
Printed Name — Attending Physicians' Signature — Date

(Optional) _____ _____
Signature of Patients' Family Member — Date

I HAVE VERIFIED the identity of and have placed a DNR bracelet on _____

_____ _____ _____
Signature of person applying bracelet — Agency — Date

Original to be kept at designated local agency.

Part 1 - Chart Part 2 - Patient Part 3 - Travel Record