

Statutory form of DNR RSA 137 J:26:

(Note: for out-of-hospital, DNR may, as an alternative to the following, be written as an order on "medical orders form.")

DNR must be in substantially the following form on a card suitable for carrying on the person:

Do Not Resuscitate Order

As attending physician or ARNP of _____ and as a licensed physician or advanced registered nurse practitioner, I order that this person SHALL NOT BE RESUSCITATED in the event of cardiac or respiratory arrest.

This order has been discussed with _____ (or, if applicable, with his/her agent,) _____, who has given consent as evidenced by his/her signature below.

Attending physician or ARNP Name

Attending physician or ARNP Signature

Address

Person Signature

Address

Agent Signature (*if applicable*)

Address
