



Illinois Department of Public Health
UNIFORM DO-NOT-RESUSCITATE (DNR) ORDER FORM

Patient Directive

I, _____, born on _____, hereby direct the following in the event of:
 (print full name) (birth date)

1. FULL CARDIOPULMONARY ARREST (When both breathing and heartbeat stop):

Do Not Attempt Cardiopulmonary Resuscitation (CPR)
 (Measures to promote patient comfort and dignity will be provided.)

2. PRE-ARREST EMERGENCY (When breathing is labored or stopped, and heart is still beating):

SELECT ONE

- Do Attempt Cardiopulmonary Resuscitation (CPR) -OR-**
- Do Not Attempt Cardiopulmonary Resuscitation (CPR)**
 (Measures to promote patient comfort and dignity will be provided.)

Other Instructions _____

Patient Directive Authorization and Consent to DNR Order (Required to be a valid DNR Order)

I understand and authorize the above Patient Directive, and consent to a physician DNR Order implementing this Patient Directive.

_____	_____	_____
Printed name of individual	Signature of individual	Date

-OR-

_____	_____	_____
Printed name of (circle appropriate title): legal guardian OR agent under health care power of attorney OR healthcare surrogate decision maker	Signature of legal representative	Date

Witness to Consent (Required to have two witnesses to be a valid DNR Order)

I am 18 years of age or older and have witnessed the giving of consent by the above person.

_____	_____	_____
Printed name of witness	Signature of witness	Date

_____	_____	_____
Printed name of witness	Signature of witness	Date

Physician Signature (Required to be a valid DNR Order)

I hereby execute this DNR Order on _____.
 Today's date

_____	_____	_____
Signature of attending physician	Printed Name of attending physician	Physician's telephone number

◆ *Send this form or a copy of both sides with the individual upon transfer or discharge.* ◆

