



Hospice of Warren County

2 Crescent Park West, P.O. Box 68, Warren PA 16365
Phone: (814) 723-2455 Fax: (814) 723-6259

DO NOT RESUSCITATE ORDER FOR HEALTH CARE PROVIDERS

To all persons to whom this document is presented, please be aware that I am being cared for at home under the Hospice concept. Due to the terminal nature of my illness and after consultation with my attending physician I am requesting that no basic or advanced life support be initiated. I hereby authorize Hospice of Warren County to release a copy of this form to such persons or agencies who may need access to this statement.

Legal Representative

Patient

Witness

Date

To all persons to whom this document is presented, please be aware that I have carefully examined this patient and have determined that his/her condition is not amenable to cure by current medical knowledge. After careful discussion with the patient and next of kin, we have determined that resuscitative attempts for this patient are not in his/her best interest.

Physician

Date

I certify that this patient is terminally ill with

Hospice Medical Director

Date