

**State of New York
Department of Health**

**Nonhospital Order Not to Resuscitate
(DNR)**

Person's Name _____
Date of Birth _____

Do not resuscitate the person named above.

Physician's Signature _____
Print Name

License Number

Date ____ / ____ / ____

It is the responsibility of the physician to determine, at least every 90 days, whether this order continues to be appropriate, and to indicate this by a note in the person's medical chart. The issuance of a new form is NOT required, and under the law this order should be considered valid unless it is known that it is revoked. This order remains valid and must be followed, even if it has not been reviewed within the 90 day period.