

**STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
NON-HOSPITAL ORDER NOT TO RESUSCITATE  
(DNR ORDER)**

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of a new form is NOT required, and under the law this order should be considered valid unless it is known that it has been revoked. This order remains valid and must be followed, even if it has not been reviewed within the 90-day period.