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Pre-Hospital Do Not Resuscitate (DNR) Request Form

This form may be signed prior to a hospitalization to make clear your wishes in certain health care situations. A copy should be provided to the hospital, at admission. You may also wish to provide one to your primary doctor.

The form, attached below, is fillable.

Last updated on May 10, 2024.

[Power of Attorney, Advance Directives, Health Care Power of Attorney, Do Not Resuscitate \(DNR\) Orders do not resuscitate](#)

Files

[Do Not Resuscitate request \(DNR\) fillable form_0.pdf](#)

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NEWS

News & publications

The news about recent activities for needed peoples.

[More News](#)

5 Aug 2025

STEP 1: ASK FOR THE FINANCIAL ASSISTANCE POLICY (FAP)

- FAP explains
 - Who qualifies
 - What help is available
 - How to apply
- Hospital MUST give FAP information to you for free

Pause (X) **in't wait** — ask as soon as you get a bill

A photograph showing a person with curly hair sitting in a wheelchair at a service desk. A staff member is visible behind the counter, and the person appears to be interacting with them. The setting is a clinical or hospital environment.

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Kansas Legal Services offers you some guidance if you have medical debt...

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17 Jul 2025



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