

# 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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Some debts aren't worth paying back. Ever heard of 'zombie debt'?

Some types of old debt are no longer collectible after a certain point. But...

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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



Charity Care: A Guide to Relief of Medical Debt

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

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