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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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Kansas Legal Services celebrates our volunteer attorneys by having Trivia Night...

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LSC's support for this website is limited to those activities that are consistent with LSC restrictions.



PDF downloaded from <https://www.kansaslegalservices.org/node/2627/pre-hospital-do-not-resuscitate-dnr-request-form>