## State of Illinois Do Not Resuscitate (DNR) Order

[c] two witnesses are required.) Printed name of patient	(The signatures of [a] the patient <b>OR</b> legal representation of the patient <b>OR</b> legal representation of the patient signature of patient signature signature of patient signature sign	
·		
Printed name of physician	Signature of physician	Date
Effective date		
Printed name of witness	Signature of witness	Date
Address of witness		
Printed name of witness	Signature of witness	Date
Address of witness		
	ature of Consent for Patient Lacking Decision making capacity, then a signature in this s	<b>-</b> . ,
Printed name of (circle appropriate title) <b>OR</b> durable power of attorney for health		
<b>OR</b> surrogate decision maker	City, State, ZIP	

Signature of legal representative

Date

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