DNR REVOCATION COMMUNICATION RECORD

Patient: Morgan Example · **Date of birth:** 1961-05-12

State: CA · **Communication date:** 2026-11-03

I am communicating a request to revoke or review the patient's existing DNR order and to discuss the patient's current treatment wishes with the care team.

Reason or additional information: I would like to discuss my current wishes with the care team.

Communicate promptly. Give this request directly to the treating clinician and current facility; do not rely on saving or signing it in Document.com to notify anyone. Ask the care team to document the communication, explain the applicable revocation process, and reconcile existing orders, copies, identification devices and registry entries. Patient and surrogate rights and procedures differ; this record does not limit any right to revoke by another lawful method or require clinician permission where the law does not.

Follow-through record (complete after contact):

- Person notified: _____
- Date and time notified: _____
- Response and orders/records updated: _____
- Further notifications or steps needed: _____

This is a communication record, not a replacement medical order, proof of receipt, or confirmation that emergency responders have been notified. It does not determine treatment instructions or resolve conflicting orders.

Person communicating the request

_____ PRINTED NAME

_____ SIGNATURE

_____ DATE

Example communication about an existing order · Document.com · EXAMPLE