

# The Gardens at Calvary

Assisted Living Community

706-653-2000 706-653-2045 Fax

7595 Moon Road Columbus, GA 31909

Dear Doctor \_\_\_\_\_ ;

Your Patient, \_\_\_\_\_, a resident at The Gardens at Calvary, has expressed his/her wishes to not be resuscitated in the event of a cardiac/respiratory arrest.

If you concur with this decision, a valid DNR order is required. A valid DNR order is described below, as described by state regulation.

Resident's Name: \_\_\_\_\_

Authorized Person's Name: \_\_\_\_\_

Authorized Person's Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_