



## CERTIFICATION OF PHYSICIAN

This form is to be used by an attending physician only to certify that an incapacitated person without a representative would not have consented to the administration of cardiopulmonary resuscitation in the event of cardiac or respiratory arrest. An attending physician of an incapacitated person without a representative must know by clear and convincing evidence that the incapacitated person, when competent, decided on the basis of information sufficient to constitute informed consent that such person would not have consented to the administration of cardiopulmonary resuscitation in the event of cardiac or respiratory arrest. Clear and convincing evidence for this purpose shall include oral, written, or other acts of communication between the patient, when competent, and family members, health care providers, or others close to the patient with knowledge of the patient's desires.

I hereby certify, based on clear and convincing evidence presented to me, that I believe that \_\_\_\_\_

*Name of Incapacitated Person*

would not have consented to the administration of cardiopulmonary resuscitation in the event of cardiac or respiratory arrest. Therefore, in the event of cardiac or respiratory arrest, no chest compressions, artificial ventilation, intubations, defibrillation, or emergency cardiac medications are to be initiated.

\_\_\_\_\_  
*Physician's Signature*

\_\_\_\_\_  
*Physician's Name (PRINT)*

\_\_\_\_\_  
*Physician's Address/Phone*

\_\_\_\_\_  
*Date*

This DNR consent form and Certification of Physician is copied from Senate Bill 1325. This law is effective November 1, 2010.

*This form is available online at:*

<http://www.okdhs.org/divisionsoffices/visd/asd/> under Quick Links