

Oklahoma Department of Corrections
Notice of Activation For a Living Will/Advanced Directive and/or DNR

Date: _____ Facility: _____

To: Chief Medical Officer
Facility Head/District Supervisor
Correctional Health Service Administrator

From: _____ Address: _____
(Attending Physician)

From: _____ Address: _____
(Another Physician)

Patient Name: _____ DOC #: _____

The above mentioned patient has met the criteria to activate his/her: (Check appropriate box)

Living Will/Advanced Directive

Do Not Resuscitate

The directive was issued on _____. The conditions of the directive are:
(Date)

Document the Patient's Instructions:

Due to the patient's current medical status, as documented by the above mentioned physician's, the noted and desired directives are to be carried out effective on _____ at _____ A.M./P.M. _____ Date
Time

Signature of Attending Physician

Signature of Other Physician