



**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH**



**TRANSFER of DO NOT RESUSCITATE ORDER**

This form is to accompany any patient who currently has a Do Not Resuscitate (DNR) order and is being transferred from one healthcare institution to another.

<b>Patient's Name</b>		
<b>Transferring Institution</b>		
<b>Original DNR Order Date</b>		
<b>Original DNR Ordered by</b>		<input type="checkbox"/> Physician <input type="checkbox"/> APRN

**Attestation of Original Order**

**A physician or APRN** who wrote the original order or a **registered nurse** who attests to the fact that a valid DNR order is in patient's medical record at the transferring institution is authorized to sign below.

<b>Signature</b>		
<b>Name Printed</b>		<input type="checkbox"/> Physician <input type="checkbox"/> APRN <input type="checkbox"/> Registered Nurse
<b>Date Signed</b>		

Sec. 19a-580d-3. Transfer and recognition of DNR orders when patients are transported:

(a) When a patient who is to be transferred between healthcare institutions has a DNR order which is to remain in effect during and after the transfer, that order shall be documented on a DNR transfer form which is signed by the physician who entered the DNR order or by a registered nurse who attests to the existence of such order. The DNR transfer form or a legible copy shall be sent with the patient when the patient is transferred to another healthcare institution.