DNACPR FORM FOR HOSPITALIZED PATIENTS — SUPPLEMENTARY REVIEW FORM HA9616/MR

Please attach this Form to the original DNACPR for Hospitalized Patients



Hospital Authority Do Not Attempt CPR (DNACPR) For Hospitalized Patients

住院病人「不作心肺復甦術」文件

SUPPLEMENTARY REVIEW FORM

Patient's Gum Label (Patient's Gum Label should contain the patient's name, sex, date of birth, and HKID)

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Date	Doctor		Department	Continue DNACPR? (please tick)		
	Name	Signature		Yes	No -	
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						Please cross
						out this form if DNACPR
						is revoked