## Continuation Sheet for Do-Not-Attempt Cardiopulmonary Resuscitation (DNACPR) Order

(With Continuing Effect)
(For Adult)

(Made under the Advance Decision on Life-sustaining Treatment Ordinance)

(Note: Once used and attached to the DNACPR Order, this continuation sheet forms part of the Order.)

Details of DNACPR Order				
This is a continuation she	eet for the DNACPR	Order	made for	(Name):
	_(subject person). The effect	ctive peri	od of the Orde	er began on
/	_•			
(Day) (Month) (Year)				
st/nd/rd/th* Extension of Effe	ective Period (Note: A	n extensioi	n should not ex	ceed 1 year.)
Having reviewed the current of other relevant factors, I FURT extended effective period is to	THER EXTEND the effec	tive per	iod of the C	order. The
•	_		(Month)	
I make the No Interest Declaration	on (See Part 6 or 8 (as applicable) of the G	Order)		
Signature:	Date of Signing:			/
			(Month)	` ′
Name of Registered Medical Pra	ctitioner:			
Medical Council Registration No	D.:			
Hospital/Clinic*:	Contact T	el. No.:_		
(* Delete as appropriate.)				
st/nd/rd/th* Extension of Effec	ctive Period (Note: A)	n extensio	n should not exc	ceed 1 year.)
Having reviewed the current of other relevant factors, I FURT extended effective period is	HER EXTEND the effect	tive peri	iod of the O	order. The
I make the No Interest Declaration	on <sup>(See Part 6</sup> or 8 (as applicable) of the G	Order)		
Signature:	Date of Signing:		/	/
			(Month)	
Name of Registered Medical Pra	actitioner:			
Medical Council Registration No	D.:			
Hospital/Clinic*:	Contact Te	l. No.:		
(* Delete as appropriate.)				

st/nd/rd/th* Extension of Effective Period	(Note: An	extension	n should not ex	ceed 1 year.
Having reviewed the current circumstance other relevant factors, I FURTHER EXTE extended effective period is to end at 24:0	END the effect	tive per	iod of the C	order. The
1			(Month)	
I make the No Interest Declaration(See Part 6 or 8)	(as applicable) of the O	rder).		
Signature: D	Oate of Signing:_			/
		(Day)	(Month)	(Year)
Name of Registered Medical Practitioner:				
Medical Council Registration No.:				
Hospital/Clinic*:	Contact Tel	. No.:		
(* Delete as appropriate.)				
st/nd/rd/th* Extension of Effective Period	(Note: An	extension	n should not exc	ceed 1 year.
Having reviewed the current circumstance other relevant factors, I FURTHER EXTE extended effective period is to end at 24:0	es of the subject	ect pers	on and cons	idered al
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