

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

Date: \_\_\_\_\_ Facility: \_\_\_\_\_

To: Chief Medical Officer  
Facility Head/Administrator of Institutions/Community Corrections  
Correctional Health Service Administrator

From: \_\_\_\_\_ Address: \_\_\_\_\_  
(Attending Physician)

From: \_\_\_\_\_ Address: \_\_\_\_\_  
(Another Physician)

Patient Name: \_\_\_\_\_ ODOC #: \_\_\_\_\_

The above-mentioned patient has met the criteria to activate their: (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:

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

Note: Activation for a Living Will/Advance Directive and/or Do Not Resuscitate (DNR) will never be honored in situations of self-harm or assault.

\_\_\_\_\_  
Signature of Attending Physician

\_\_\_\_\_  
Signature of Other Physician