DEPARTMENT OF HEALTH SERVICES COUNTY OF LOS ANGELES

SUBJECT: **EMERGENCY MEDICAL SERVICES** REFERENCE NO. 815.1

PREHOSPITAL DO NOT RESUSCITATE (DNR) FORM

CHANGE LOG

| Published Date | Status | Section and Subsection Affected | Description of Change(s) |
|-------------------|--------------------|---------------------------------|--------------------------|
| 07/01/2024 | Redate & Resign | Not applicable | No significant changes |

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