



DO NOT RESUSCITATE ORDER

I have discussed my health status with my physician, _____. I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me. This order is effective until it is revoked by me. I am aware that I can revoke this order at any time by simply expressing my request verbally or in writing to my caretaking family, physician, or designated patient advocate.

Being of sound mind, I voluntarily execute this order, and I understand its full import.

(Declarant's signature) (Date)

(Type or print declarant's full name)

(Signature of person who signed for declarant, if applicable) (Date)

(Type or print full name)

(Physician's signature) (Date)

(Type or print physician's full name)

ATTESTATION OF WITNESSES

The individual who has executed this order appears to be of sound mind, and under no duress, fraud or undue influence. Upon executing this order, the individual has (has not) received an identification bracelet.

(Witness Signature) (Date) (Witness Signature) (Date)

(Type or print witness's name) (Type or print witness's name)

**THIS FORM WAS PREPARED PURSUANT TO, AND IS IN COMPLIANCE WITH,
THE MICHIGAN DO-NO-RESUSCITATE PROCEDURE ACT.**