Do Not Resuscitate Order

MyMichigan Health

Patient Name: _____ DOB: _____

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.
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**
(Advanced Practice Providers Unable to Sign)

_____

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-Not-Resuscitate Procedure Act."

Do Not Resuscitate