

# **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.

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 IN COMPLIANCE WITH,  
THE MICHIGAN DO-NOT-RESUSCITATE PROCEDURE ACT**

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\_\_\_\_\_  
(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)

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\_\_\_\_\_  
(Witness signature)                      (Date)

\_\_\_\_\_  
(Witness signature)                      (Date)