DO-NOT-RESUSCITATE ORDER

Use the appropriate consent section below, A or B.

A. DECLARANT CONSENT

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 as provided by law.

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

(Declarant's signature)

(Date)

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

(Type or print full name)

I authorize that in the event the declarant's heart and breathing should stop, no person shall attempt to resuscitate the declarant. I understand the full import of this order and assume responsibility for its execution.

This order will remain in effect until it is	revoked as provided by law.
(Patient advocate's signature)	(Date)

(Type or print patient advocate's 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)	
(Type or print witness's name)		
(Witness signature)	(Date)	
(Type or print witness's name)		

THIS FORM WAS PREPARED PURSUANT TO, AND IN COMPLIANCE WITH, THE MICHIGAN DO-NOT-RESUSCITATE PROCEDURE ACT