
(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**