

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**DO-NOT-RESUSCITATE ORDER**

I have discussed my health status with my physician \_\_\_\_\_.  
(Physician's Name)

**A. PATIENT CONSENT**

I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me. This order will remain in effect until it is changed by me. I know that I can change this order at any time by telling someone or writing to my caretaking family, doctor or patient advocate.

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

\_\_\_\_\_  
(Patient's signature) (Date)

\_\_\_\_\_  
(Type or print Patient's name)

**B. PATIENT ADVOCATE CONSENT**

I authorize that in the event the patient's heart and breathing should stop, no person shall attempt to resuscitate the patient. I understand the full meaning of this order and assume responsibility for its execution. This order will remain in effect until it is changed by me. I know that I can change this order at any time by telling someone or writing to my caretaking family, doctor or patient advocate.

\_\_\_\_\_  
(Patient advocate's signature) (Date)

\_\_\_\_\_  
(Type or print patient advocate's name)

**C. GUARDIAN CONSENT**

I authorize that in the event the ward's heart and breathing should stop, no person shall attempt to resuscitate the ward. 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.

\_\_\_\_\_  
(Guardian's signature) (Date)

\_\_\_\_\_  
(Type or print guardian's name)

**PHYSICIAN SIGNATURE**

\_\_\_\_\_  
(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.

\_\_\_\_\_  
(Witness 1 signature) (Date) (Witness 2 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.**