

**Michigan**  
**General Procedures**  
**DO-NOT-RESUSCITATE**

Date: December 2013

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**“DO-NOT-RESUSCITATE ORDER”**

THIS DO-NOT-RESUSCITATE ORDER IS ISSUED BY \_\_\_\_\_,  
(Type or print physician’s name)

ATTENDING PHYSICIAN FOR \_\_\_\_\_.  
(Type or print declarant’s or ward’s name)

Use the appropriate consent section below:

**A. DECLARANT CONSENT**

I have discussed my health status with my physician named above. I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me.

This order is in effect 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)

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

\_\_\_\_\_  
(Type or print full name)

**B. PATIENT ADVOCATE CONSENT**

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)

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**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's signature)

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

\_\_\_\_\_  
(Type or print physician's full name)

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

**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 declarant has (has not) received and 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 ACT.**

**ANNEX 1**

MCA Name: Genesee County  
MCA Board Approval Date: February 6, 2014  
MDCH Approval Date: February 6, 2014  
MCA Implementation Date: February 7, 2014



**Section 5-9**

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**“DO-NOT-RESUSCITATE ORDER”**  
**Adherent of Church or Religious Denomination**

Use the appropriate consent section below:

**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 in effect 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)

\_\_\_\_\_  
(Type or print declarant’s full name)

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

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

\_\_\_\_\_  
(Type or print full name)

**B. PATIENT ADVOCATE CONSENT**

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)

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**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 declarant has (has not) received and 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 ACT.**

ANNEX 2