

A valid DNR must contain the information in the examples below, however it does not need to be on these exact forms. If there is ever a question about a form, begin CPR and contact medical control.

NOTE: The patient or patient advocate can revoke a DNR order at any time. CPR should begin and medical control contacted.

DNR forms **DO NOT** need to be originals or have original signatures to be valid.

Please refer to the **information** contained in the forms below, not the exact format or layout

"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 in effect 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".

ANNEX 1

"DO-NOT-RESUSCITATE ORDER"
Adherent of Church or Religious Denomination

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 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)

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".

ANNEX 2

