

Sec. 4. A do-not-resuscitate order executed under section 3 or 3a shall include, but is not limited to, the following language, and shall be in substantially the following form:

“DO-NOT-RESUSCITATE ORDER

This do-not-resuscitate order is issued by _____, 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 will remain 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)	

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)	

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 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 IS IN COMPLIANCE WITH,
THE MICHIGAN DO-NOT-RESUSCITATE PROCEDURE ACT.”.**