



The Saginaw Valley Medical Control Authority “Do-Not-Resuscitate” Form Instruction Sheet

- Patient Information:** Make sure that all of the pertinent patient information is filled out including:
 - a. First and Last Name
 - b. Date of Birth
 - c. Age
 - d. Sex
 - e. Telephone Number
 - f. County of Residence
 - g. Address
 - h. Personal Physician
 - i. Personal Physician Telephone Number

- Signatures:** The form must have all of the required signatures (along with dates) in order to be completed by the Saginaw Valley Medical Control Authority (SVMCA) Medical Director.
 - a. Declarant’s signature (Patient)
 - b. Signature of person signing for Declarant, if applicable
 - c. Physician signature
 - d. Two witness signatures (only one may be a family member)

- Completed Form:** Once the form is filled out in its entirety, return the form to the address indicated on the backside of the form. Once the form is received by the SVMCA it will be processed in the following manner:
 - a. The SVMCA Medical Director will sign the completed form.
 - b. A SVMCA number will be assigned to the patient.
 - c. The form will be stamped with the SVMCA seal.
 - d. A copy of the signed form will be sent to the patient along with a letter and a purple wristband*.
 - 1. *The wristband is optional. However, if the patient elects to not wear the wrist band, a copy of the “Do-Not-Resuscitate” form should be posted in plain site for the responding EMS agencies to find.
 - e. A copy of the “Do-Not-Resuscitate” form and letter will be sent to the patient’s personal physician
 - f. A copy of the “Do-Not-Resuscitate” form and letter is also sent to the nursing home, if applicable.
 - g. A copy of the “Do-Not-Resuscitate” form is sent to the five emergency departments in the SVMCA-Saint Mary’s, Saint Mary’s North, Covenant, Hills & Dales General Hospital and Caro Community Hospital.



- h. A copy of the “Do-Not-Resuscitate” is sent to MMR MedCom and Tuscola County Central Dispatch.
- Of Note! Once a patient is enrolled in the SVMCA “Do-Not-Resuscitate” program, they do not need to fill out a new application if they move and change their mailing address. All that needs to be done is notify the SVMCA that the patient has moved and give their new address.
 - It is important to make sure that all documents pertaining to the “Do-Not-Resuscitate” program accompany the patient when transferred to the hospital and/or discharged to a different nursing home than the one they presented from.
 - If a patient wishes to rescind the “Do-Not-Resuscitate” order, they must fill out a “Do-Not-Resuscitate” Rescind Form, which may be obtained from the SVMCA office.
 - If a patient expires while enrolled in the “Do-Not-Resuscitate” program, the SVMCA should be notified in writing along with a copy of the patient’s DNR order.
 - The physical location of the Saginaw Valley Medical Control Authority office is 1575 Tittabawassee Rd. in Saginaw. Our office is located on the second floor Suite 220. The mailing address for the SVMCA is 1000 Houghton Ave., Saginaw, MI 48602

**Please feel free to contact
Saginaw Valley Medical Control Authority
at (989) 583-7940 if you have any questions.**