

EMERGENCY MEDICAL PREHOSPITAL CARE RESCIND FORM  
DO-NOT-RESUSCITATE ORDERS  
SAGINAW VALLEY MEDICAL CONTROL AUTHORITY

Please Print or Type

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

“DO-NOT-RESUSCITATE RESCIND ORDER”

I request that in the event my heart and breathing should stop, every attempt will be made to resuscitate me.  
This order is effective until it is revoked by me.  
Being of sound mind, I voluntarily execute this order, and I understand its full import.  
This order specifically revokes any prior prehospital “DNR” orders or forms I may have completed and filed.

(Declarant’s Signature)	Date	<p style="text-align: center; margin: 0;"><b>EMS OFFICE USE ONLY</b></p> Date of Request: _____ Effective Date: _____ SVMCA Number: _____ _____ Signature/Seal of Medical Director
(Type or Print Declarant’s Full Name)	Date	
(Signature of Person Who Signed for Declarant, if Applicable)	Date	
(Type or Print Full Name & Relationship to Declarant)	Date	

<p>In the presence of _____, on _____, 20____, in _____ County, Michigan. Notary Signature: _____ Printed Name: _____ County of Commission: _____ Commission Expiration Date: _____ Notary Public</p>
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Over

ATTESTATION OF WITNESSES  
(Two Witnesses Required)

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 will return the purple identification bracelet to the office of the  
Saginaw Valley Medical Control Authority.

(1)		
	(Witness Signature)	(Date)
	(Type or Print Witness's Name)	(Date)
(2)		
	(Witness Signature)	(Date)
	(Type or Print Witness's Name)	(Date)

This form was prepared pursuant to, and is in compliance with the "Michigan DO-NOT-RESUSCITATE Procedure Act".

Please return this completed form to the:

OFFICE OF EMERGENCY MEDICAL SERVICES  
1000 Houghton Avenue  
Saginaw, Michigan 48602  
Attn: DNR Program