

REVOCAION OF DESIGNATION OF PATIENT ADVOCATE

(Michigan Consolidated Laws, 700.5510)

I, _____, Declarant, executed a Designation of Patient Advocate on the ____ day of _____, 20____, regarding my decisions and choices concerning my health care. Pursuant to the Michigan Consolidated Laws, 700.5510, which provides that a Designation of Patient Advocate may be revoked by a Patient at any time and in any manner by which he or she is able to communicate an intent to revoke the designation, I hereby revoke all or those parts of that Designation of Patient Advocate as indicated below:

-] All of the Designation of Patient Advocate.
-] Part 1: Designation of Patient Advocate.
-] Part 2: Instructions for Health Care.
-] Part 3: Anatomical Gifts at Death.
-] Part 4: Primary Physician

This is my written revocation as indicated above of my Designation of Patient Advocate and is provided to all persons to whom I have provided a copy of my Designation of Patient Advocate.

DATED this the ____ day of _____, 20____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____