



Patient transportation information

Dear Patient:

For your upcoming procedure, you will need a responsible adult to bring you, stay with you, and take you home. Someone will also need to stay with you for a few hours following your procedure. Medications that are given to make you comfortable during your procedure carry risks and side-effects that make it necessary for us to make these requests. You will not be able to drive. Your judgment may be altered. It is in the interest of your safety and care that we ask for you to please make arrangements. If you do not have a responsible adult available, your procedure will be postponed and/or cancelled.

Please supply the information of your responsible person below:

Name: _____

Relationship: _____

Phone Number: _____

Can we share information or results of surgery with this person?

Yes or No

If no, is there someone else that you would like us to call?

Yes or No

Name: _____

Relationship: _____

Phone Number: _____

Patient Signature: _____

Print Name: _____

Thank you for your understanding. If you have any questions or concerns, please contact your scheduler's office at the number listed on your paperwork.