



Patient Name:

CONSENT FOR:
RIDE HOME AND POST OP CARE

I understand that I will need someone to drive me home the day of surgery.

Driver's Name: _____ Phone Number: _____

I understand that a responsible adult will need to stay with me for 24-hours following my surgery.

Please indicate phone number(s) where we may contact you following surgery.

After surgery I will be staying at: a) Home _____

b) Hotel (name) _____

c) Other (name) _____

Caretaker's name _____ Phone Number _____

I also understand that if a condition arises during my surgery and the operating surgeon feels that admission to the hospital is best for my recovery, I will be admitted as an inpatient following my surgery.

Patient Signature _____ Date _____

Witness Signature _____ Date _____