

ADVANCED SURGERY CENTER OF NORTHERN UTAH

TRANSPORTATION RELEASE

I understand that the anesthetic to be administered to me may have effects that may make it hazardous for me to drive a car or to otherwise travel alone to my home following the recovery period. I do understand that ASCNU will not perform my scheduled surgical procedure unless I have arranged a responsible person to accompany me and transport me to my home.

I have been advised to have someone with me at home for the first 24 hours of my surgery. I also understand that I will not be discharged until the responsible person transporting me home has signed this form prior to the discharge.

Patient Label

I hereby assume responsibility for accompanying and transporting the above-named patient to his/her her home.

Name of responsible person/Transporter

(Print Please) _____

Signature: _____

Relationship to Patient: _____ Phone Number: _____

Witness

Date
