

TRANSPORTATION RELEASE

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

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

Patient Label (Place Here)

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

Signature of Responsible Person/Transporter

Phone Number _____

Witness

Date

St. Augustine Surgery Center
45 Groover Loop, Suite 100
St. Augustine, FL 32086
Phone: 904-648-8660