



**Patient Day-of-Treatment & Transportation Agreement**

I understand that the anesthetic to be administered may make it hazardous for me to drive a car or travel alone following my surgery. I do understand that Precision Surgery Center of Napa Valley will not perform my scheduled surgical procedure unless:

- I have arranged for a responsible person to accompany me to the surgery center,
- I provide an accurate cell phone number for the responsible party accompanying me to the surgery center,
- The responsible party/driver agrees to remain in the vicinity during my procedure,
- The responsible party/driver agrees to be within ten (10) minutes of the surgery center at the planned time of discharge, and
- The responsible party/driver has agreed to safely transport me from the surgery center following my procedure to the place I have chosen to recover.

I have been advised to have someone with me during the hours and evening following my surgery. I also understand that I will not be discharged until the person responsible for transporting from Precision Surgery Center of Napa Valley has signed this form indicating that he or she understands this important part of patient care.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**Surgical Patient Driver Responsibility**

I agree to stay on the grounds or within a 10-minute driving radius of Precision Surgery Center of Napa Valley while the patient is being treated. I also agree to transport the patient to his or her chosen place of rest and recovery after he/she is discharged. I have provided my cellular telephone number and understand that the staff of Precision Surgery Center of Napa Valley will use the number to contact me with updates regarding the patient.

\_\_\_\_\_  
Printed Name of Driver

\_\_\_\_\_  
Cell Phone No.

\_\_\_\_\_  
Signature of Driver

\_\_\_\_\_  
Date

Patient ID Label