

~~UROCENTER~~

YOU WILL RECEIVE SEDATION OR ANESTHESIA FOR YOUR SURGERY. THEREFORE, YOU WILL NEED ANOTHER RESPONSIBLE ADULT TO DRIVE YOU HOME. DISCHARGE INSTRUCTIONS WILL BE GIVEN TO DRIVER.

SIGNATURE OF PERSON ACCOMPANYING PATIENT HOME

PLEASE PRINT NAME, CONTACT NUMBER OF PERSON ACCOMPANYING PATIENT HOME

PATIENT'S SIGNATURE _____

DATE _____