

**THE CENTER FOR SAME DAY SURGERY
PATIENT'S DRIVER INFORMATION FORM**

PATIENT LABEL

PATIENT NAME _____ TODAY'S DATE _____

*****FOR MINORS: PARENTS/GUARDIAN MUST REMAIN IN THE FACILITY UNTIL THE PATIENT IS DISMISSED FROM RECOVERY*****

NAME OF DRIVER _____ RELATIONSHIP _____

PHONE NUMBER OF DRIVER (____) _____

WILL THEY REMAIN IN FACILITY? **Y / N**

CAN PATIENT HEALTH INFORMATION BE SHARED WITH THE DRIVER? **Y / N**

ADDITIONAL COMMENTS _____

EMERGENCY CONTACT (IF DIFFERENT THAN DRIVER)

NAME _____ RELATIONSHIP _____

PHONE NUMBER (____) _____

****IN CASE OF EMERGENCY, THIS PERSON WILL BE NOTIFIED AND GIVEN NECESSARY INFORMATION****

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IN ADDITION TO THE DRIVER (IF PERMISSION GIVEN ABOVE) AND THE EMERGENCY CONTACT, LIST ANY OTHER PERSONS/RELATIVES WHO MAY BE GIVEN PATIENT INFORMATION ABOUT YOUR VISIT IN OUR FACILITY:

1. _____ RELATIONSHIP _____

2. _____ RELATIONSHIP _____

3. _____ RELATIONSHIP _____

4. _____ RELATIONSHIP _____

PATIENT/GUARDIAN SIGNATURE _____ DATE _____