



Advanced Surgery Center of Orlando, LLC
6900 Turkey Lake Road Suites 2-5
Orlando, FL 32819
Phone: (407) 354-5401
Fax: (407) 354-5403

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 Advanced Surgery Center of Orlando, LLC 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 the evening 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.

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

Signed: _____
Responsible Person Driving home **Phone Number**

Signed: _____
Patient **Date/Time**

Patient Label