MORPHO
摩芙整形

PHARMACY AND CAREGIVER INFORMATION
药房和护理人员信息

Patient Name/病人姓名: _____ Date/日期: _____

After your surgical procedure, you will not be allowed to take a taxi, use public transportation, or drive yourself home. Please provide the following information.

手术后，您将无法乘坐出租车、公共交通工具或自行驾车回家。请提供以下信息。

Post-Op Driver: After surgery, you are required to have a responsible adult pick you up from the surgery center. You will not be allowed to leave without being under the supervision of a responsible adult. If you require someone to pick you up after surgery, we are happy to help you with these arrangements.

术后司机：手术后，您需要一位负责任的成年人从手术中心接您。您必须在负责任的成年人的监督下才能离开。如果您需要有人在手术后接您，我们很乐意为您安排。

Who will be picking you up from Hospital/Surgical Center?
谁会去医院/外科中心接您？

Name/姓名: _____
Cell phone/手机: _____
Relationship to patient/与患者的关系: _____

Hotel/ Recovery Center Information (Note: Per Ambulatory Surgery Center Regulations, patients are required to have a responsible adult care for them the evening after surgery. Should you require assistant with aftercare nursing, we are happy to help you with these arrangements).

酒店/康复中心信息（注意：根据门诊手术中心规定，患者在手术后的晚上必须有一位负责任的成年人照顾。如果您需要术后护理助理，我们很乐意为您提供帮助）。

Please check one of these options:

❑ **Option 1:** I will be recovering at home with a family member.
我将和家人一起在家休养。

Family Member/Friend Name/家庭成员/朋友姓名: _____
Contact Number/联系电话: _____

❑ **Option 2:** I will be recovering at Hotel or recovering center.
我将在酒店或康复中心康复。

Hotel/ Recovery Center/**酒店/康复中心**: _____
Address/**地址**: _____
Room Number/**房**间号: _____ Tel/电话: _____

Preferred Pharmacy: (Note: If you will be flying in from out of town, we can arrange to have your prescription filled and delivered to your hotel prior to your surgery).

首选药房：（注意：如果您从外地飞来，我们可以安排在您手术前配好药并送到您的酒店）。

Pharmacy/药店: _____
Address/**地址**: _____
Tel/电话: _____