

## PHARMACY AND CAREGIVER INFORMATION

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

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.

**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.

### Who will be picking you up from Hospital/Surgical Center?

Name: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

**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).

#### Please check one of these options:

☐ **Option 1:** I will be recovering at home with a family member.

Family Member/Friend Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

☐ **Option 2:** I will be recovering at Hotel or recovering center.

Hotel/ Recovery Center: \_\_\_\_\_

Address: \_\_\_\_\_

Room Number: \_\_\_\_\_ Tel: \_\_\_\_\_

**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).

Pharmacy: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_