



MORPHO
PLASTIC SURGERY

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 assistance 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: _____