



Patient Label

## Surgery Center at Cherry Creek

### Transportation Release

I understand that the anesthetic to be administered to me may have effects that 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 Surgery Center at Cherry Creek will not perform my scheduled surgical procedure unless I have arranged for 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. By providing information below I am aware that this person will be receiving text updates regarding the progress of my procedure.

Signature: \_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_  
Responsible Person

\_\_\_\_\_  
Driver's Phone Number

Make of Car: \_\_\_\_\_

Model of Car: \_\_\_\_\_

Color of Car: \_\_\_\_\_

### Consent to Cell Phone Calls for Procedure/Financial Communications:

With regards to services rendered and/or my related financial obligations, I expressly agree and consent that the ASC facility and any associated affiliate/vendor providing quality improvement, customer service, billing or collection services may contact me by an method of contact (such as a telephone call utilizing an automated dialing device, dialing services, pre-recorded message, texting or emailing) to any telephonic number that I have provided to the surgery center, or has been obtained by the surgery center or any of its associated affiliates/vendors or at a number forwarded or transferred from that number, including mobile telephone numbers. Messages may include my name, the name of the medical facility and/or any relevant billing agents.

Signed: \_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date