

## **OUT OF TOWN PATIENT INFORMED CONSENT**

Home City, State		
For your safety, we request that our out of town patien surgery. Your companion should be able to stay with yresponsible to drive you to and from the surgery as we	you for a minimum of 48 h	nours after surgery. They will be
You will need to arrive at least 24-48 hours prior to the date of your surgery to ensure there is a proper amount of time for all the necessary pre-operative arrangements. It is suggested that patients stay in the area for at least 24-46 hours following the surgery. If you cannot return to our office for suture removal, we need to be notified that you have set up an appointment to remove the sutures with a local clinic or physician. We also will need the name of the physician you plan on having them removed with. Our surgical consultant will assist in arranging your transportation after-care facility, hotel lodgings, and post-operative visits.		
My signature below signifies my willingness to procenecessary, fully realizing the issues identified above understand I will need to resign a new consent.		•
Signature of patient and/or guardian	Date	Type of Surgery (P, EX, S)

Updated 01/2021

Patient's Name\_\_\_\_\_

DOB

Date