



Passport to Surgery

For **your safety**, please make sure that the following items are carried out and marked “YES” when you check-in on the day of your procedure.

Each element is **critical *and* MUST be completed, or your procedure could be delayed or cancelled.**

GIVE THIS COMPLETED FORM TO THE SECRETARY WHEN YOU CHECK IN.

For ALL PATIENTS:

- YES - I have had NO solid foods, alcohol, dairy products, coffee creamer, honey/sweetener, chewing gum or smoking or chewing tobacco since midnight.
- YES – My last drink of clear liquids was greater than 2 hours ago. (Specifically; **PLAIN** water, coffee, or tea, **with NO additives.**)
- YES – I left my valuables and all jewelry at home or with a family member who will be responsible for them while I am having my surgery/procedure.

For PATIENTS PLANNING TO GO HOME THE SAME DAY:

- YES – The person who will drive me home is with me. They will **STAY AT THE HOSPITAL** until I am ready to leave. **I understand that if this expectation is not met, my procedure could be cancelled.**
- YES – I have a responsible adult to stay with me for 24 hours after my procedure. **I understand that if this expectation is not met, my procedure could be cancelled.**

Main Contact Person: (the person waiting in the hospital until I am ready to leave)

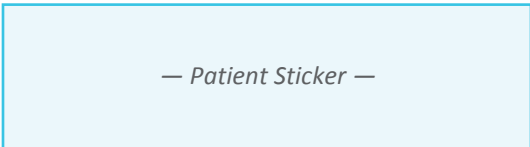
Name _____ Relationship _____

Cellular phone # _____

I have completed all of the above items to the best of my ability.

Patient/Caregiver Signature

Date/Time



PLEASE BRING THIS FORM WITH YOU TO TURN IN ON THE DAY OF YOUR PROCEDURE.

Virginia Mason Memorial Surgical Services thanks you for your cooperation!