



Passport to Surgery

For your safety, please make sure the following items are carried out and marked "YES" when you check in on the day of your surgery/procedure.

Each element is CRITICAL and **MUST be completed, or your surgery/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 surgery/procedure could be cancelled.**
- YES** - I have a responsible adult to stay with me for 24 hours after my surgery/procedure. **I understand that if this expectation is not met, my surgery/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

— Patient Sticker —