

# OVERLAND PARK SURGICAL SUITES, LLC

6650 West 110<sup>th</sup> Street, Suite 300  
Overland Park, KS 66211

## TRANSPORTATION RELEASE

I understand that the anesthetic to be administered to me may have effects that may 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 the Overland Park Surgical Suites, LLC will not perform my scheduled surgical procedure unless I have arranged a responsible person to accompany me and transport me to my home.

I have been advised to have someone with me at home for the first 24 hours after my surgery. I also understand that I will not be discharged until the responsible person transporting me home has signed this form prior to discharge.

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**Patient Signature**

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**Date**

I hereby assume responsibility for accompanying and transporting the above-named patient to his/her home.

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**SIGNATURE** of responsible person/Transporter

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**Phone Number**

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**Witness**

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**Date**