



Ambulatory Anaesthesia

RELEASE OF RESPONSIBILITY

I understand that ambulatory anaesthesia means that a surgical procedure will be performed in a fully equipped private surgical center with discharge from the clinic the same day.

I agree to observe the following instructions for myself _____

or: _____
(patient's name and relationship)

1. I will not eat or drink anything (not even a sip of water) after midnight on the day of surgery, unless my physician has stated otherwise to me in writing.
2. I will not drive myself home, operate a vehicle or power equipment on the day of surgery.
3. I agree that I will arrange for a responsible adult to accompany me (or the above patient) to my residence and that the adult will either drive me home or go with me by taxi, however, I agree not to take a bus.

I understand that if I do not follow the above instructions, the surgery may be cancelled and that I may be responsible for reimbursement of the anaesthesiologist.

I hereby release and discharge **DR. JEFF WALLACE**, together with all physicians, nurses and employees who have cared for me or may be caring for me (or the above named patient) from any and all responsibility and liability whatsoever in respect to any adverse effects arising from the ambulatory anaesthesia as a result of not following the above instructions.

SIGNATURE: _____ **WITNESS:** _____

DATE: _____

PATIENT'S FULL NAME: _____
(please print)

RELATIONSHIP: _____
(if not patient)