

# SURGI<sup>♥</sup>CARE

OF CENTRAL JERSEY  
**A Comforting Alternative to the Hospital**

40 Stirling Road ■ Watchung, New Jersey 07069 ■ 908-769-8000

## THE UNDERSIGNED PATIENT OR GUARDIAN WAS INFORMED REGARDING THE FOLLOWING REQUIREMENTS

1. I, or a Parent or Guardian, have read the "Patient's Rights" for Surgicare of Central Jersey posted in the waiting room.  
I may request a copy.

2. I, or a Parent or Guardian, have read the "Notice of Privacy Practices" for Surgicare of Central Jersey posted in the waiting room.  
I may request a copy.

3. Does the patient have an Advance Directive (Living Will, Durable Power of Attorney, Proxy)? Yes \_\_\_ No \_\_\_

NOT APPLICABLE TO THIS ADMISSION ( )

4. If answer to number 3 is "YES" did patient provide a copy on admission? Yes \_\_\_ No \_\_\_

5. Written information regarding Advance Directive was provided to patient. Yes \_\_\_ No \_\_\_

6. A follow up telephone call will be made to you on the next business day following your surgery or procedure. If we do not reach you, may we leave a message on your answering machine or with a family member? Yes \_\_\_ No \_\_\_

7. After receiving anesthesia, you must not drive yourself home AFTER DISCHARGE and you must be accompanied by a competent adult who accepts responsibility for you. I understand and acknowledge receipt of the above instructions.

PATIENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_