

Patient After Care Agreement

As a patient of North Hills Surgery Center, I understand that the procedure I have chosen to be performed requires sedation or general anesthesia. I also understand that North Hills Surgery Center requires a family member or friend drive me home and stay with me for the first day following my procedure.

I also understand that my family member or friend needs to stay at the center until my surgery is completed and I am ready to be discharged home.

(Name of person staying with you and phone number)
(Please print)

(Relationship)

Patient's Signature

Date