



## TRANSPORTATION RELEASE

I acknowledge that I have been advised that I must arrange for transportation by a responsible adult following my surgery/procedure from NOVA Surgical Institute.

I understand that I will be sedated for the surgical procedure and understand that it is **NOT** safe for me to drive myself home. \_\_\_\_\_ (Initials)

I understand that I should not take public transportation (bus) by myself, unless I am accompanied by a responsible adult for my safety.

I am unable to arrange for transportation and/or responsible adult to accompany me home and I have chosen to:

- Take UBER/LYFT
- Attorney's transportation
- Other: \_\_\_\_\_

I hereby release NOVA Surgical Institute, from any and all liability for this decision. NOVA Surgical Institute is not liable for anything that happens to me once I am discharged from the facility. I am signing this with full acknowledgment and awareness prior to being sedated for my procedure.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Witness signature

Date \_\_\_\_\_

Time \_\_\_\_\_

Translator required:  No  Yes

Translated by: \_\_\_\_\_

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