



## Transportation Arrangement Agreement

Name of Patient: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

Pre-arrangements must be made for a responsible adult to accompany you home upon discharge from the office, and to stay with you postoperatively. Do not drive a vehicle or operate potentially dangerous equipment for twenty-four (24) hours after your treatment. You will not be allowed to leave the office by bus, taxi, or ride share after anesthesia. Failure to make these arrangements before your appointment may result in your anesthesia services and procedure being postponed at your expense. Please inform your driver that he or she will be expected to escort you from the office. Arriving late for your scheduled treatment, or a discharge delay attributed to the untimely arrival of your driver will result in extra charges for the additional time. If you are not already in possession of the Pre-anesthesia / Post-anesthesia instruction form, it will be given to your driver upon discharge.

Driver's Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Other: \_\_\_\_\_

Time needed by driver to return to the doctor's or dentist's office: \_\_\_\_\_ minutes

Phone # where you may be reached after your appointment: \_\_\_\_\_

Please bring this completed and signed form with you on the day of your procedure. Thank you for your cooperation.

Sincerely,

Level Up Anesthesia

\_\_\_\_\_  
Patient Signature

Date: \_\_\_\_\_

Please fax or email - signed form to the fax number or email listed below.

You may also bring with you on the day of your appointment.

Email: [Info@levelupanesthesia.com](mailto:Info@levelupanesthesia.com)

Fax #: 346.352.7555

**Level Up Anesthesia**