

MOTORIZED VEHICLE OPERATION

Name of Patient: _____

I understand that there is to be no motorized vehicle or equipment operation on the day of surgery. The drugs administered during the procedure may impair driving ability.

I understand that I am advised to have someone drive me to and from our office on the day of the procedure.

I hereby release my Doctor and CoZmedic Surgery Associates / New Image Associates from any and all of these actions, loss or injury sustained by me as a consequence of my operation of ant motorized vehicle or equipment.

Patient Signature

Witness Signature

Date

