

Passport to Surgery

For your safety, please make sure the following items are carried out and marked “YES” when you check in for your operation.

Each element is critical and **MUST** be completed, or your surgery could be delayed or cancelled.

GIVE THIS COMPLETED FORM TO THE SECRETARY WHEN YOU CHECK IN FOR SURGERY.

For **SHORT STAY/OUTPATIENT SURGERY PATIENTS** only:

- YES** – The person who will drive me home is with me. They will **STAY AT THE HOSPITAL** throughout my surgery and recovery until I am ready to leave. I understand that if this expectation is not met, my surgery could be cancelled.
- YES** – I have a responsible adult to stay with me for 24 hours after my surgery or until I meet **ALL** of the criteria on the document entitled: “*Post-Surgery Checklist: Am I safe to stay at home alone after surgery?*”

For **ALL SURGERY PATIENTS** (including short-stay):

- YES** – I have had **NO** solid foods, alcohol, dairy products, chewing gum or smoking or chewing tobacco since midnight.
- YES** – My last drink of **clear liquids** was greater than 2 hours ago.
- YES** – I left my valuables and all jewelry at home or with a family member who will be responsible for them while I am in surgery.

I have completed all of the above items to the best of my ability.

I have reported any missed items to a Virginia Mason Memorial Surgical Services staff member.

My questions have been answered to my satisfaction, and I understand the importance of following these instructions.

Patient/Caregiver signature

Date/Time

— Patient Sticker —

PLEASE BRING THIS FORM WITH YOU TO TURN IN ON THE DAY OF YOUR PROCEDURE.
Virginia Mason Memorial Surgical Services thanks you for your cooperation!