

Patient Education Material(s) given:

Ambulatory Surgery Center Discharge Instructions

| Name: | |
|---|--------------------------------------|
| MRN#: | |
| DOB: | |
| | |
| | |
| I,, have received printed | d and personalized patient education |
| materials/instructions and I understand these instructions. | |
| Patient/Authorized representative signature | Relation to patient |
| Date/Time | |
| Staff member reviewing discharge instructions with patien | t |

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