



LABEL

**FACILITY ACKNOWLEDGEMENT  
PAIN**

1. I consent to having procedure at Boulder Surgery Center.
2. I have read and will comply with the Instructions for Pain Management.
3. I certify that I have had no solid food since midnight. Water and medications as instructed by nurse or physician.
4. I have made arrangements for a responsible adult to accompany me the day of the procedure, drive me home and to provide my procedure home care.
5. I will contact my doctor if any unusual bleeding, swelling, extreme pain or respiratory problems occur after my discharge.
6. I understand that for 24 hours following conscious sedation I must not drive, operate equipment, or make any legally binding decisions (legally binding documents are null and void if you are under the influence of anesthesia).
7. I understand that if a condition arises during my procedure or recovery and the doctor feels that admission to the hospital is required, I will be admitted to Boulder Community Hospital.
8. I understand that my physician may have a financial interest in this Surgery Center.
9. For the purpose of medical advancement, I consent to having observers in the procedure room, under the supervision of the physician and pain center staff.
10. I have read and understand my rights and responsibilities as a patient of the Boulder Surgery Center.
11. I hereby acknowledge that I received the Boulder Surgery Center's notice of privacy practices.
12. In case of emergency, I wish \_\_\_\_\_ to be contacted at \_\_\_\_\_.

\_\_\_\_\_  
Patient Signature or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness