

# NORTH YORK ENDOSCOPY CENTRE

2 CHAMPAGNE DRIVE, UNIT B19 TORONTO, ON M3J 2C5  
TEL: 416-645-5145 - FAX: 416-645-1401

## Patient Waiver

I, \_\_\_\_\_ have been told and understand that following my colonoscopy / gastroscopy procedure, I am not permitted to drive any motorized vehicle for 24 hrs. due to having received an anesthetic.

I have further been advise prior to my appointment date, that I must bring an adult (18 or older) to drive or accompany me on my way home. I am to be discharged to the care of such adult and supervised for 4 hrs. after my procedure. I understand that failure to have an adult drive or accompany me home is against medical advice.

I do not hold Dr. \_\_\_\_\_, Dr. \_\_\_\_\_ or North York Endoscopy Center Inc. responsible after I have been discharged.

Today I will get home by:

Family Member/Friend Driving Me Home

\_\_\_\_\_  
Patient name printed

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness name printed

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date