

Surgical Center at Millburn
37 East Willow Street, Millburn, NJ 07041

PATIENT CONTACT INFORMATION

Patient's Name _____

How were you brought to our Center? (circle one) Family/Friend Car Service Self Other _____

How will you be getting home? (circle one) Family/Friend Car Service Self Other _____

Name of Contact Person or Car Service _____

Is Contact Person in Waiting Area? YES NO

If NO, how much notice will they need to return? _____

Telephone Number of Contact Person _____

DISCUSSION OF MEDICAL CARE

The Center has my permission to speak to the following person/s regarding my care:

Name _____ Relationship _____

Name _____ Relationship _____

☐ DO NOT DISCUSS MY CARE WITH ANYONE

IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT?

Name of Contact Person _____

Telephone Number _____

Relationship to Patient _____