

PATIENT EMERGENCY CONTACT FORM

ENT Surgery Center of Atlanta
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Thank you for choosing ENT Surgery Center of Atlanta. In order to provide the best experience possible, we ask that at least one family member or transportation person remain at the Surgery Center during your procedure. Your Doctor will speak with your family immediately following surgery.

Please take a few moments to fill in the following important information:

Patient Name: _____

Name of Family/Ride: _____

Relationship: _____

Cell Phone: _____

Signature of Family/Ride: _____