

# SOUTHWEST ENDOSCOPY & SURGERY CENTER



SOUTHWEST ENDOSCOPY AND SURGERY CENTER  
701 E. RENDON-CROWLEY RD  
BURLESON, TX 76028  
(817) 293-9292  
Website: [www.swgclinic.com](http://www.swgclinic.com)

## RESPONSIBLE DRIVER AGREEMENT

By signing below, I agree that I will provide a responsible driver for my procedure.

- My responsible driver will not leave the premises for the entirety of my procedure.
- My responsible driver will be at least 18 years of age, with a valid driver's license, in good standing.
- My responsible driver will not become impaired in anyway during the procedure.

Name of Driver \_\_\_\_\_ Driver's Phone # \_\_\_\_\_

By signing this agreement statement, you are committing to the entirety of the statement. Thank you for your continued cooperation in the safety of our patients.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date