



## **ATTENTION PATIENTS: PLEASE READ THE FOLLOWING PRIOR TO YOUR APPOINTMENT**

### **ADVANCED DIRECTIVES**

An advanced directive informs your physician what kind of care you would like to have if you become unable to make medical decisions because of an accident, illness or medical incapacity. While RMG recognizes and respects the rights of the patient to provide this facility with a copy of their directive, it is our organization's policy to sustain life until the patient is transferred to a hospital. If a patient experiences a life threatening emergency or otherwise becomes incapacitated while receiving care at one of the RMG facilities, the facility will provide all necessary life sustaining measures and will promptly and safely transfer the patient to a healthcare facility that will follow the advanced directive. For more information, call the Colorado Bar Association at (303) 860-1115 or visit [www.coloradoadvancedirectives.com](http://www.coloradoadvancedirectives.com).

### **TRANSPORTATION**

You are being informed prior to receiving sedation that it is recommended not to drive for a period of twelve hours following sedation for a procedure. You may not leave the facility without a licensed driver that has accepted responsibility for escorting you home. Should you arrive at the facility without a driver, your procedure may be rescheduled and/or cancelled. Leaving the facility without a responsible driver is considered leaving against medical advice.

### **PATIENT AND VISITOR BELONGINGS AND VALUABLES**

Patients and visitors are responsible for all personal belongings and valuables brought into one of the RMG facilities. RMG is not responsible for replacing lost, misplaced, stolen, or damaged belongings and valuables; therefore **RMG recommends that patients bring only those items to the facility as directed such as identification, insurance cards and a method of payment.** Valuables include but are not limited to: money, jewelry, medications, documents, items of monetary or sentimental value, clothing, dentures, hearing aids, eyeglasses or contacts, wheelchairs, walkers, canes or crutches, watches, credit cards, wallets or purses, cameras, cell phones, laptops or computers and home monitors.

I have read, understand and agree to the information contained on this page:

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

\_\_\_\_\_  
Date