



POSTOPERATIVE SAFETY AGREEMENT

The professionals and staff at MoZaic Care pride ourselves in optimizing patient care and recovery after surgery. To this end, we require that patients have adequate support and accommodations postoperatively.

This safety agreement between the patient and MoZaic Care (MC) is therefore required before we can perform surgery.

I understand that I am welcome to receive care at MC as long as I agree to the following:

1. I have a friend/family member/clinical support person who will drive me home, care for me, and assist with basic needs after surgery including but not limited to transportation and assistance with activities of daily living and dressing changes.
2. I vouch that my friend/family member/clinical support person is physically and mentally able to assist me during my recuperation period after surgery.
3. I understand that I will notify MoZaic Care through email, phone call, text, and/or in person should I have any postop medical/surgical concerns in a timely fashion.
4. I understand I will receive postoperative instructions in multiple forms (electronic, verbal, and/or written) and affirm that I will review them and address any concerns with my physician.
5. I understand that I will be receiving new medications after surgery and know to contact my provider should I develop any adverse reactions from them.

Failure to comply with the above will result in cancellation of your surgery.

Name of and contact information for caregiver/driver:

Caregiver/driver name: Relationship to patient:

Phone Number:

By signing below, you agree to abide by the policies outlined above.

Patient Signature: Date:

Patient Name: