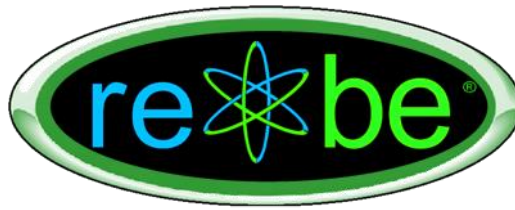


re\*be Skin & Vein Clinic  
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Okoboji, Iowa 51355



(712) 332-6001  
(712) 332-LIPO  
(712) 332-6010 fax

**DESIGNATED DRIVER/RESPONSIBLE PARTY**

I agree to have a designated driver (18 & older) upon discharge from surgery. I understand that my surgical procedure may be cancelled ON THE DAY OF SURGERY if I have not made these arrangements. The use of a taxi service, public transportation etc....is prohibited.

I agree not to drive post-operatively (after my surgical procedure) until directed by Dr. Kolegraff.

I agree to have a supervising adult (18 & older) present with me in the IMMEDIATE 24 hours after my procedure. I understand that my surgical procedure may be cancelled ON THE DAY OF SURGERY if I have not made these arrangements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date