



GI Excellence, Inc.

Gastroenterology Associates

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General Gastroenterology

Indraneel Chakrabarty, M.D., M.A.
Advanced & Interventional
Gastroenterology

Sandra Del Valle, PA-C
Gastroenterology Physician Assistant

Kathleen Linke, PA-C
Gastroenterology Physician Assistant

Office Fax: (951) 658-6476 · Office Hours: 9 a.m. to 5 p.m, M - F

Two Locations:

HEMET

1003 E. Florida Avenue · Suite 101 · Hemet, CA 92543 · (951) 652-2252

TEMECULA

31515 Rancho Pueblo Rd. · Suite 202 · Temecula, CA 92592 · (951) 383-6001
(By appt.)

GI EXCELLENCE, INC. DRIVER'S CONSENT

Patient Name: _____

The above named patient has been informed that he/she must have a driver following the procedure.

Our office has been informed that you are the person whom the patient has designated as his/her driver.

By signing below you accept full responsibility for immediately driving this patient home following the procedure. The patient has been given sedation that will affect his/her driving ability. You should not stop on your way home for shopping or to eat.

***Driver's signature" _____ Date: _____

Print Name: _____ Phone Number: () -

Driver's relationship to the patient _____

Please provide us with a cell phone number where we can reach you:

() _____ - _____