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This is to verify that _____

has been NPO (nothing to eat or drink) since,

_____ .

Allowing this person to eat or drink before anesthesia or said procedure can be life threatening. Please sign below verifying that this policy has been enforced, while this person was in your care. If this form does not accompany patient, appointment will be cancelled and the deposit forfeited.

Signature of overnight staff Date

Signature of morning staff Date

Signature of transporting staff Date