

Information and Consent for Anesthesia

I agree to the administration of one or more of the following forms of anesthesia which may be suitable for the procedure I am about to have. While I understand that the type(s) of anesthesia checked below is intended to be used for my procedure, it has also been explained to me that sometimes an anesthesia technique, which involves the use of local anesthesia, may not succeed. I therefore, consent to an alternative type of anesthesia, including general anesthesia, if necessary, as deemed appropriate by the anesthesia team. (Please check anesthesia technique below.)

- ☛ **NERVE BLOCK:** Including needle injection near major nerves. This may also include the administration of sedative to help me relax during surgery.

- ☛ **LOCAL ANESTHESIA:** Including local anesthesia with or without intravenously administered sedatives.

- ☛ **MONITORED ANESTHESIA:** Including injections into the intravenous lines, breathing by facemask, or by other means, producing a semi-conscious state.

I acknowledge that I have been given an explanation of and an opportunity to ask questions about anesthesia to be used and the risks and hazards involved, any alternative forms of anesthesia, and the risks of non-treatment. I believe I have sufficient information to give the informed consent.

_____/_____/_____
Patient Signature/or Authorized Representative / / Date _____ _____
Witness/Interpreter Signature / / Date

PHYSICIAN CERTIFICATION: I hereby certify that I have been explained the nature, purpose, benefits, risks of and alternatives to the proposed anesthesia. I have offered to answer any questions and have answered such questions. I believe that the patient/relative/guardian/agent understands which I have explained and answered.

Physician's Signature _____ _____
Time Date