

Consent for Anesthesia Services

Patient First Name

Patient Last Name

Date of Birth

Age

Gender

Male

Female

Other

I understand and agree that the primary method of anesthesia administration will be Regional, MAC and/or General Anesthesia. This method has been discussed with me in terms that I can understand. If, in the course of treatment, conditions dictate a change in method, I understand and agree that this will be done at the discretion of the Anesthesia Provider in attendance.

Additionally, I authorize the performance of any other procedures that in the judgment of the Anesthesia Provider may be necessary for my well-being, including such interventions as are considered medically advisable to remedy conditions discovered during the surgery or procedure.

I am satisfied with my understanding of the nature of the anesthesia plan of care and the more common drawbacks and complications associated with it. These may include, but are not limited to: swelling, bleeding or discomfort at the site of injection; phlebitis or other damage to blood vessels; nerve damage; allergic reactions to the anesthetic agents; memory dysfunction/memory loss; nausea and vomiting; dental trauma, including fracture or loss of teeth, bridgework, dentures, dental implants crowns and fillings, and laceration of the gums or lips; and prolonged recovery from anesthesia. There is also a rare potential for serious harm, including difficulties breathing, permanent organ damage, cardiac arrest and death.

No warranty or guarantee has been made as to the outcome of the anesthesia plan of care.

I have been given the opportunity to ask questions about the anesthesia. I have been given explanation of procedures and techniques that may be used, as well as the risks, benefits, and alternatives. I understand that there are risks with any surgery or procedure and anesthesia, and it is impossible for the physician to inform me of every possible complication. I believe that I have sufficient information to give this informed consent

The undersigned certifies that he/she has read the foregoing, received a copy thereof, and the patient, the patient's legal guardian, or the patient's authorized representative accepts it terms.

Anesthesia Provider Statement

I certify that I have explained to the patient/responsible adult the risks, benefits and alternatives of the anesthesia and have allowed the patient/responsible adult to ask questions.

I understand and accept that no guarantees about the results of the procedure have been made. The staff has answered all of my questions regarding this procedure to my satisfaction. and I have read and understand all information presented to me before signing this consent form. I have been given an opportunity to have all of my questions answered to my satisfaction. I understand the procedure and accept the risks. I agree to the terms of this agreement.

Patient Signature

E-Signature (draw, upload or type)

Date: