

Patient Name:
Surgeon:
Date of Service:
Medical Record:
Date of Birth:
Age:

PATIENT CONSENT TO ANESTHESIA

I understand that:

- I will need anesthesia services for the surgical procedures(s) and that the type of anesthesia to be used will depend upon the procedure and my physical condition.
- Anesthesia is a specialty medical service, which manages patients who are rendered unconscious or with diminished response to pain and stress during the course of a medical, surgical, or obstetrical procedure.
- During the course of the surgical procedure, conditions may require additional or different anesthetic monitoring or techniques, and I ask that the anesthesiologist provide any other necessary services for my benefit and well being.
- In addition to the anesthesiologist whose name appears on this document, my anesthetic services may be provided by another anesthesiologist.
- No guarantees have been made by anyone regarding the anesthesia services, which I am agreeing to have.

Type Of Anesthesia And Definitions

Moderate/Conscious Sedation

Local anesthesia (numbing agents) in combination with other drugs which can result in varying levels of sleepiness including minimal sedation (anxiolysis), moderate sedation/analgesia (also known as conscious sedation) to deep sedation/analgesia

Monitored Anesthesia Care (MAC):

Includes the monitoring of at least blood pressure, oxygenation, pulse and mental state, and supplementing analgesia as needed.

Risks and Complications may include but are not limited to: allergic/adverse reaction, aspiration, backache, brain damage, comas, dental injury, headache, inability to reverse the effects of anesthesia, infection, localized swelling and/or redness, muscle aches, nausea, ophthalmic (eye) injury, pain, paralysis, pneumonia, positional nerve injury, recall of sound/noise/speech by others, seizures, sore throat, wrong site for injection of anesthesia, and death.

I have been given the opportunity to ask questions about my anesthesia and feel that I have sufficient information to give this informed consent. I agree to the administration of the anesthesia prescribed for me. I recognize the alternative to acceptance of anesthesia might be no anesthesia for the procedure.

_____	_____ / _____	_____	_____ / _____
(PATIENT'S SIGNATURE)	(DATE) (TIME)	(WITNESS SIGNATURE)	(DATE) (TIME)

_____	_____ / _____	_____	_____ / _____
(PATIENT'S NAME - PRINT)	(DATE) (TIME)	(ANESTHESIA PROVIDER'S SIGNATURE)	(DATE) (TIME)