

CONSENT FOR ANESTHESIA SERVICES

I acknowledge that my doctor has explained to me the procedure to be done. My doctor has explained the risks of the procedure, advised me of alternative treatments, and told me about the expected outcome and what could happen if my condition remains untreated. I agree to the use of local and sedative anesthesia. This will include the use of intravenously administered sedatives and the monitoring of blood pressure, pulse, oxygenation, and use of cardiogram. I am aware that the practice of anesthesia is not an exact science, and I acknowledge that no guarantees have been made as to the results of the administration of the anesthesia.

I have discussed my past medical history with my doctor and have disclosed ALL diseases and medications, including alcohol and drug use (past or present). I have informed my doctor of any previous unusual anesthesia outcomes in myself or blood relatives. If any unforeseen condition should arise in the course of the procedure calling for the doctor's judgment and possible change in treatment, I request and authorize the doctor to do whatever is deemed advisable.

It has been explained to me that all forms of anesthesia involve some risks and no guarantees or promises can be made concerning the results of my procedure. Although rare, unexpected severe complications with anesthesia can occur and include the remote possibility of infection, bleeding, unfavorable drug reactions, aspiration of gastric contents, blood clots, loss of sensation, loss of limb function, paralysis, stroke, brain damage, heart attack or death. I understand that these risks apply to all forms of anesthesia and that additional risks of intravenous sedation include pain, numbness, swelling, and inflammation of veins or other structures from injections. I understand the combination of anesthesia and the procedure may also lead to nausea, vomiting, allergic reactions, and other physical or psychological reactions.

I understand medications, drugs, anesthetics and prescriptions may cause drowsiness and a lack of coordination which could be increased by the use of alcohol or other drugs; I have been advised to not operate any vehicle or potentially hazardous devices, or work, while taking medications and/or drugs or until fully recovered from their effects.

I acknowledge the receipt of and understand the pre- and postoperative instructions. I understand that there is no guarantee related to treatment. I understand that most complications can be rectified with proper follow up care. I agree to follow up as needed or advised for any concerns or complications. I understand I can receive a review of these and other possible risks by asking.

Signature: _____ Date: _____