



ANESTHESIA CONSENT FORM

I will need anesthesia services for my upcoming surgical procedure(s). I understand that receiving anesthesia for any procedure involves risks as well as benefits, and that no promises or guarantees can be made concerning the results of anesthetic medications given to me during my procedure. Even minor elective surgery may carry with it major unforeseen anesthetic risks.

Although rare, unexpected severe complications with anesthesia can occur. In addition, risks of all anesthetics may include, but are not limited to, nausea, vomiting, infection, bleeding, drug reactions, blood clots, damage to veins, arteries or nerves, stroke, brain damage, heart attack or death.

The following anesthetic technique(s) have been selected for my procedure. In addition to those mentioned above, risks for the selected types of anesthesia include the following:

_____ General/Deep Sedation Anesthesia:

_____ Moderate/ Conscious Sedation:

Risks include sore throat, hoarseness, injury to teeth, mouth or airway, corneal abrasion (scratch of the eye); aspiration, pneumonia, awareness under anesthesia and muscle aches.

Other risks may include:

I understand that during my surgery my physical condition could change, and my anesthetic may be changed to ensure comfort or my safety. Any necessary changes in my anesthetic will be made with my safety as the first concern.

I have had the opportunity to ask questions and to discuss the anesthetic plan, and I understand the information provided. I understand that I may withdraw this consent at any time before the anesthetic is given. I hereby consent to the anesthesia service(s) as indicated above.

Patient/Responsible Party (state relationship) Date Time

Anesthetist Declaration: I have explained the anesthesia risks, alternatives and benefits to the patient and have answered all the patient's questions. To the best of my knowledge, I believe the patient understands and has voluntarily consented.

Anesthetist's Signature Date Time