

Consent for Anesthesia Services

I acknowledge that my doctor has explained to me that I will have an operative, diagnostic, or treatment procedure. 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 also understand that anesthesia services are needed so that my doctor can perform the procedure.

All forms of anesthesia involve some risks and no guarantees or promises can be made concerning the results of my procedure or treatment. Risks include, but are not limited to pain/bruising at the IV site, sore throat, nausea/vomiting, corneal abrasion, headache, muscle aches, or injury to lips, teeth, mouth, throat, nares and vocal cords. Although rare, unexpected severe complications with anesthesia can occur and include the remote possibility of infection, bleeding, allergic drug reactions, blood clots, nerve damage, loss of limb function, paralysis, stroke, brain damage, heart attack, hospitalization, or death.

I understand that there are different type(s) of anesthesia such as minimal sedation, moderate sedation, deep sedation, general anesthesia, and regional anesthesia. The technique to be used for my procedure is determined by many factors including my physical condition, type of procedure, my doctor's preference, and my own preference. I understand that sometimes an anesthesia technique which involves the use of local anesthetics, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anesthesia.

I hereby consent to anesthesia services and authorize that it be administered by Comfort Anesthesia or his/her associates, all of whom are credentialed to provide anesthesia services at this healthcare facility. I also consent to an alternative type of anesthesia, if necessary, as deemed appropriate by them.

- I certify that I am not pregnant or trying to become pregnant.

- I certify that I will not eat within 8 hours or drink within 4 hours of the procedure or as outlined by my provider.

- I certify and acknowledge that I have read this form or had it read to me; that I understand the risks, alternatives and expected results of the anesthesia service; and that I had ample time to ask questions and to consider my decision.

-I certify that I have given complete and accurate information regarding my medical history to my anesthesia provider and understand that failure to do so could result in serious complications in my care.

Client Signature

Date