

CONSENT FOR ANESTHESIA SERVICES

I, _____, acknowledge that my doctor has explained to me that I will have an operation, 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.

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 or treatment. Although rare, unexpected *severe complications* with anesthesia can occur and include the remote possibility of *infection, bleeding, drug reactions, blood clots, nerve damage, loss of limb function, paralysis, stroke, brain damage, heart attack, hospitalization, or death*. Other risks include *pain/bruising at the IV site, sore throat, nausea/vomiting, eye injury, headache, muscle aches, or injury to lips, teeth, mouth, throat, nares and vocal cords*. I understand that these risks apply to all forms of anesthesia and that additional or specific risks have been identified below as they may apply to a specific type of anesthesia. I understand that the type(s) of anesthesia service circled below will be used for my procedure and that the anesthetic technique to be used is determined by many factors including my physical condition, the type of procedure my doctor is to do, my doctor's preference, and my own preference. It has been explained to me 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.

<div style="border: 2px solid black; border-radius: 50%; width: 150px; height: 100px; margin: auto;"></div>	General Anesthesia	Expected Result	Total unconscious state, possible placement of a tube into the windpipe
	Technique	Risks	Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, aspiration, pneumonia
	Risks	Expected Result	Reduced anxiety and pain, amnesia, partial or total unconscious state
<div style="border: 2px solid black; border-radius: 50%; width: 150px; height: 100px; margin: auto;"></div>	Monitored Anesthesia Care (IV sedation)	Technique	Drugs injected into the bloodstream, breathed into the lungs, or by other routes producing a semi-conscious state
	Risks	Expected Result	Airway damage/pain, depressed breathing, vein injury, drug reaction, nausea, aspiration
	Expected Result	Technique	Drugs injected into the bloodstream, breathed into the lungs, or by other routes producing a semi-conscious state

I hereby consent to the anesthesia service circled above 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 have not had anything to **eat within 8 hours** or **drink within 4 hours** or as outlined by my provider.
- Alternative options to sedation have been discussed and include local anesthesia and nitrous (N₂O) administration.

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.

Patient's Signature

Date and Time

Substitute's Signature

Relationship to Patient