

CONSENT FOR ANESTHESIA

In addition to having been advised about the risk, benefits and alternatives of the proposed treatment _____

I (or patient by guardian) have been offered the option of having general anesthesia or conscious sedation anesthesia provided by Dr. _____.

I (we) have also been advised of the following:

General anesthesia or conscious sedation anesthesia is accomplished by the administration of medication, generally by injection, that sedates and relaxes a patient during treatment. Typically the effect of general anesthesia or conscious sedation is described as being “asleep” during the surgery or treatment.

Such medications generally have the effect of causing amnesia (forgetfulness) of the events surrounding the administration of the medication and associated treatment or surgery. The amnesia is temporary.

As with any administration of medication, there are potential risks and side effects that might be experienced by a patient.

The medications used to achieve general anesthesia or conscious sedation can, in rare cases, cause an allergic reaction that can manifest by symptoms such as: hives, rashes, nausea, sweating, and vomiting. In very rare and unpredictable cases the reactions to anesthesia medications have been life threatening.

The doctor and treatment team are trained in the use of anesthesia and the treatment of complications.

The patient’s condition during anesthesia will be monitored by the doctor, staff and by mechanical and electronic methods.

After the end of treatment, there will be a period of "recovery" during which one may experience some residual unsteadiness, dizziness and occasionally nausea. You will be allowed to rest after the administration of anesthesia is terminated.

Due to the potential of some minor residual effects of the anesthetic medications, patients must not operate a motor vehicle or any heavy or dangerous equipment or machines for about 24 hours. In addition, the patient who has recently had general anesthesia or conscious sedation, should not consume any alcoholic beverages or sedative medications for 24 hours without first advising the doctor who performed the treatment or surgery.

I have had an opportunity to discuss the risks, benefits and alternatives of general anesthesia with Dr. _____ and have any questions that I have answered.

Having been informed of the foregoing, I hereby consent to the administration of general anesthesia or conscious sedation during my treatment of surgery.

Date: _____

Patient: _____
(if a minor, name of parent or guardian)

Witness: _____