

ADVANCED DENTAL ANESTHESIA SERVICES

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Patient Consent Form

The following is provided to inform patients, or the parent/guardian of a patient under the age of 18 years, of the choices and risks involved with having treatment under anesthesia.

I hereby authorize and request Dr. Jonathan Mendia to perform anesthesia and any other procedure deemed necessary or advisable as a corollary to the planned anesthesia. I consent, authorize, and request the administration of such anesthetic or anesthetics (local anesthesia to general anesthesia) by any route that is deemed suitable by the anesthesiologist, who is an independent contractor and consultant. It is the understanding of the undersigned that the anesthesiologist will have full charge of the administration and maintenance of the anesthesia, and that is an independent function of the surgery/dentistry.

I have been informed and fully understand that though very uncommon, there are complications of the drugs and anesthesia, including but not limited to: pain, hematoma, numbness, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reaction, and fluctuations in breathing pattern, heart rhythm, and/or blood pressure. I further understand and accept the risk that, in extremely rare circumstances, complications may require hospitalization and could result in brain injury or death.

I understand that anesthetics, medications, and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing the anesthesiologist of a suspect of confirmed pregnancy with the understanding that this will necessitate the postponement of the anesthesia. For the same reason I understand that I must inform the anesthesiologist if I am a nursing mother.

Because medications, drugs, anesthetics and prescriptions may cause drowsiness and decrease coordination, I have been advised not to operate any vehicle or hazardous device for at least twenty-four (24) hours. It may take longer until full recovery from the effects of the anesthetics, medications, and drugs that may be given to my child or myself. I have been advised not to make any major decisions until after recovery from anesthesia. Parents are advised of the necessity of direct parental supervision of their child for the 24 hours following anesthesia.

I have been fully advised of, and completely understand, the alternatives to sedation and general anesthesia and accept the possible risks. I acknowledge the receipt of, and understand, both preoperative and post operative anesthesia instructions. I have been explained and understand that there is no warranty or guarantees to any result and/or cure. I have had the opportunity to ask questions about anesthesia and am satisfied with the information provided to me.

Patient/Guardian

Date