

# CONSENT FOR ANESTHESIA SERVICES

I, \_\_\_\_\_, acknowledge that my doctor has explained to me that I or my child will have an operation, diagnostic, or treatment procedure— medical or dental related. 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, loss of sensation, loss of limb function, paralysis, stroke, brain damage, heart attack or death. 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 checked 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.

<input type="checkbox"/> Deep IV Sedation and General Anesthesia  (IV= Intravenous)	Expected Result	Total unconscious state, possible placement of a tube into the nose mouth and windpipe
	Technique	Drug injected into the bloodstream, breathed into the lungs, or administered by other routes
	Risks	Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, aspiration, pneumonia

<input type="checkbox"/> Moderate/Conscious IV Sedation  (IV= Intravenous)	Expected Result	Total or partial amnesia, reduced anxiety and pain, Intermittent periods of brief unconsciousness  Able to follow commands
	Technique	Drug injected into the bloodstream, breathed into the lungs, or administered by other routes
	Risks	An unconscious state, depressed breathing, injury to blood vessels  Partial or total memory of the procedure  Advancement to General Anesthesia with associated risks.

☐ I understand that my anesthesia may be advanced to DEEP IV SEDATION and GENERAL ANESTHESIA if Moderate IV Sedation is not effective as determined by my doctor or anesthesiologist.

☐ I prefer that my anesthesia NOT BE advanced to Deep IV Sedation and General Anesthesia and stopping the procedure IF the procedure being performed safely permits me to be awakened.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_