

INFORMED CONSENT FOR GENERAL ANESTHESIA AND DEEP SEDATION

The following is provided to inform patients of the choices and risks involved with having treatment under general anesthesia and deep sedation. This information is not presented to make patients apprehensive but to enable them to be better informed concerning their treatment. General anesthesia and deep sedation are administered depending upon each individual patient's medical requirements.

I hereby authorize and request Dr. _____ to perform the anesthesia as previously explained to me, and any other procedure deemed necessary or advisable as a corollary to the planned anesthesia/sedation. I consent, authorize, and request the administration of such anesthetic agent(s) and local anesthetics by any route that is deemed suitable.

I have been informed and understand that occasionally there are complications of the drugs and anesthesia/sedation, including but not limited to pain, hematoma, infection, swelling, bleeding, discoloration, nausea, vomiting and allergic reaction.

I understand that anesthesia/sedation, 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 anesthetics of a suspected or confirmed pregnancy with the understanding that this will necessitate the postponement of the anesthesia/sedation. For the same reasons I understand that I must inform the anesthetist if I am a nursing mother.

Because general anesthesia/sedation, medication, drugs, and prescriptions may cause drowsiness and incoordination which can be increased by the use of alcohol or other drugs, I have been advised not to operate any vehicle or hazardous device for at least twenty-four (24) hours or longer until fully recovered from the effects of the anesthesia/sedation, medications, and drugs that may have been given to me for my care. I have been advised not to make any major or important decisions until after full recovery from the anesthesia/sedation. I understand that those with a history of chemical or alcohol dependency have a risk of relapse after anesthesia/sedation and should take appropriate precautions.

I have been fully advised of and accept the possible risks and dangers of anesthesia/sedation. I acknowledge the receipt of, understand and agree to follow both pre-anesthetic and post-anesthetic instructions. It has been explained to me and I understand that there is no warranty or guarantee as to any result and/or cure. I have had the opportunity to ask questions and I am satisfied with the information provided to me. I, the undersigned, hereby consent to _____ to be performed on _____ by Dr. _____ under general anesthesia/deep sedation. I also consent to such additional or alternative procedures, which the doctors determined to be immediately necessary during the course of the above-described procedures.

Signature of patient or person authorized to consent on behalf of patient

Relationship to the patient

Witness

Date