



Patient Sticker

CONSENT FOR ANESTHESIA SERVICES

My doctor has explained to me that I will have a procedure. I understand that anesthesia services are requested or needed so that my doctor can perform the procedure. I further understand that the administration of such aesthetic or aesthetics deemed suitable by my physician will be provided by an Anesthesia Care Team consisting of Certified Registered Nurses Anesthetists.

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. Although rare, unexpected severe complications with anesthesia can occur including 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 addition or specific risks that have been identified below may apply to a specific type of anesthetic. I understand that the type of anesthetic 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 perform, the doctor's preference and my own desires. It has been explained to me that sometimes an anesthetic technique which involves the use of local anesthetics, with or without sedation, will not succeed completely and therefore another technique may have to be used including general anesthesia.

The following anesthetic technique has been selected for my procedure and the risks involved with such anesthesia have been explained to me:

- GENERAL ANESTHESIA:** Temporary unconscious state, possible placement of tube in windpipe. **RISKS** include (but not limited to) mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, aspiration and pneumonia, memory dysfunction/memory loss and permanent organ damage

I hereby consent to the anesthesia service checked above and authorize that it be administered by Certified Registered Nurses Anesthetist (CRNA) who is credentialed to provide anesthesia services at this facility. I also consent to an alternative type of anesthesia, if necessary, as deemed appropriate by him/her. I expressly desire that the following considerations be observed (or write none): _____

I further certify that this form has been fully explained to me, that I have read it or have had it read to me, that the blank spaces have been filled in, and that I understand its contents.

Patient/Legally Responsible Person Signature (state relationship) _____
Date & Time AM/PM

I have explained the anesthesia risks, hazards and benefits to the patient and obtained informed consent.
Anesthetist/CRNA Signature: _____

Witness Signature