

ANESTHESIA CONSENT

Modern anesthesia carries risk minimal enough that virtually everyone can be offered its benefits. However, every type of pain relief (anesthesia) has a certain risk. Please read the document “Information on Anesthesia” and ask about anything you do not fully understand. The type of anesthetic drug or technique will be chosen after discussion between you and your anesthesiologist. However, during the course of surgery, the anesthetic method may have to be changed.

Proposed anesthesia techniques

- | | |
|---|--|
| <input type="checkbox"/> General Anesthesia | <input type="checkbox"/> Epidural Anesthesia |
| <input type="checkbox"/> Spinal Anesthesia | <input type="checkbox"/> Caudal Anesthesia |
| <input type="checkbox"/> Peripheral Nerve Block | <input type="checkbox"/> Sedation/MAC |

Signature of Anesthesiologist: _____

Date: ____ / ____ / ____

I am aware that these are serious risks with every anesthetic. I do not require any additional information about anesthesia. I give my consent for the provision of anesthesia.

Authorized Signature: _____

Relationship to Patient: _____

Date: ____ / ____ / ____