

PATIENT CONSENT FOR ANESTHESIA

I understand that the operating surgeon will be occupied solely with the surgery and that the administration of anesthesia is an independent function I consent for administration of anesthesia and/or drugs as may be necessary to be administered by an Anesthesiologist or a CRNA. Local anesthesia to be administered by Surgeon as appropriate.

Please initial below to acknowledge your understanding of the following:

I will need anesthesia services for the surgical procedure(s) to be done, and that the type of anesthesia to be used will depend on the procedure and my physical condition. NA

Anesthesia is a specialty medical service, which manages patients who are rendered unconscious or with diminished response to pain and stress during the course of medical, surgical, or obstetrical procedure. NA

During the course of the surgical procedure, conditions may require additional or different anesthetic monitoring techniques, and I ask that the anesthesiologist provide any other necessary services for my benefit and wellbeing. NA

My anesthetic services may be provided by anesthesiologists or by certified nurse anesthetists (CRNA's). NA

No guarantees have been made by anyone regarding the anesthesia services, which I am agreeing to have. NA

Type of Anesthesia and Definitions

Monitored Anesthesia Care (MAC): Includes the monitored of at least blood pressure, oxygenation, pulse and mentalstate, supplementing sedation and analgesia as needed

RISKS AND COMPLICATIONS: I understand that all anesthetics involve risks and complications from both known and unknown causes. Including but not limited to: allergic/adverse reaction, aspiration, backache, brain damage, coma, sore throat, lip injury, dental damage, stroke, heart attack, muscle ache, headaches, nausea, ophthalmic (eye) injury, pain, paralysis, inability to reverse the effects of anesthesia, infection, localization swelling or redness, seizures, wrong site for injection of anesthesia, pneumonia, nerve damage, bleeding, infection, intra-operative awareness and death.

I have been given the opportunity to ask questions about my anesthesia and feel that I have sufficient

information to give this informed consent. I agree to the administration of the anesthesia prescribed for me. I recognize the alternative to acceptance of anesthesia might be no anesthesia for the procedure.

Signature of Patient

A handwritten signature in black ink, consisting of a stylized, cursive letter 'N' followed by a short horizontal stroke.

Date

Monday, June 19, 2023 10:20