

CONSENT FOR ANESTHESIA

1. The following is provided to inform patients of the choices and risks associated with general anesthesia. All anesthesia services are associated with some degree of risk. This information is not intended to make patients apprehensive, but rather is intended to help patients be better informed about their anesthesia care. Three types of anesthesia are generally available: local anesthesia, conscious sedation, and general anesthesia. These can be performed, depending upon an individual patient's needs, in a hospital, ambulatory surgery center or a private office. Local anesthesia and conscious sedation are associated with less risk, but are not generally as effective as general anesthesia. The type of care you receive will depend upon your needs and desires, the judgment of the dentist/dental specialist, and the anesthesiologist. **Initials** _____

2. The most frequent side effects of intravenous anesthetics include drowsiness, nausea, and vomiting. Most patients experience some sleepiness for several hours after the completion of their surgery. Coordination and judgment are often impaired. Temporary impairment of memory is sometimes experienced for several minutes to hours following general anesthesia. I understand I should not operate dangerous machinery and/or drive for a minimum of 12, preferably 24 hours, after anesthesia. **Initials** _____

3. Children should remain under the supervision of responsible adults for three to six hours after dismissal from the office, or another length of time prescribed by the anesthesiologist. **Initials** _____

4. I understand that complications sometimes arise from undergoing anesthesia, including but not limited to pain, hematoma (bruise), numbness, infection, swelling, bleeding, phlebitis, discoloration, nausea, vomiting, and allergic reaction. Also possible but unlikely are stroke, brain damage, seizures, cardiac arrest, and death. **Initials** _____

5. I understand that anesthetics may be harmful to an unborn child, and may cause birth defects or spontaneous abortion. Anesthetic drugs may also affect a breast feeding child. I am responsible for informing the anesthesiologist of either suspected or confirmed pregnancy or if I am a nursing mother. **Initials** _____

6. I hereby authorize Dr. Mark Saxen, _____ to perform anesthesia as explained to me, or any other related procedure deemed necessary as part of the planned anesthesia. I understand the level of anesthesia will be based upon several factors including, but not limited to, the health status of the patient, age, ongoing medical care, and patient preference. The doctor(s) indicated above have complete responsibility and authority for the administration of anesthesia, which is independent of the surgery or dentistry being performed. I understand I am responsible for informing the doctor(s) indicated above of any and all medications, street drugs, and health conditions affecting me or my child. **Initials** _____

7. I have had the opportunity to ask questions about my anesthesia, or my child's anesthesia, and I accept the possible risks and benefits. **Initials** _____

Patient signature/Parent signature

Date

Witness signature

Date