



# Consent for Anesthesia

I realize that I have the right to refuse any drugs, treatment of procedure to the extent permitted by law.

The nature and purpose of the anesthetic and anesthesiologic procedures including possible alternative anesthetics and anesthesiologic procedures has been explained to me. I understand that anesthesia involves risks and complications in addition to the risks of the procedure itself. These risks may include adverse drug reactions, brain damage, nerve injury, liver injury or death. Additional risks may include such things as injury to teeth or dental work, damage to vocal cords, respiratory problems, possible awareness, minor pain and discomfort, damage to arteries or veins, or headaches.

1. I also realize that the following additional anesthesia-related risks may occur in connection with the particular procedure(s) proposed to me:

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2. I am aware that in administration of anesthesia an intravenous line must be placed in my extremity for the administration of drugs and monitoring. I understand there are risks and complications associated with the placement of these lines which may occur.
3. This information has been explained to me and I understand it. I acknowledge that no guarantee has been given to me concerning the results that may occur.
4. I understand that the anesthetics shall be administered by a Nurse Anesthetist, working under the supervision of a physician.
5. I understand that I have the right to ask the Nurse Anesthetist questions about anesthetic and anesthesiologic procedures at any time. I may revoke this consent in whole or in part by written notification to the Nurse Anesthetist or endoscopy Physician. I do hereby certify that I have read and fully understand the above Consent; the explanations herein referred to were made; all lines or statements requiring insertion or completion were completed; and any paragraphs not applicable were stricken before I signed this consent.

			AM
Patient Signature	Admitting physician signature	Date & Time	PM

			AM
If patient is incapable of consenting, signature of the nearest relative or legal guardian, or one legally entitled to consent	Admitting physician signature	Date & Time	PM

CRNA / ANESTHESIOLOGIST CERTIFICATION: I have discussed the procedures as outlined in this Consent for Anesthesia Form with the patient of the patient's authorized representative and answered all questions. Following our discussion this Form was signed in my presence. It is my opinion that the matters discussed on this date are understood by the involved parties.

			AM
Signature of Nurse Anesthetist	Date	Time	PM