



Consent for Anesthesia Services

Patient Name _____ Chart _____ Date _____

Dr. Niamtu and staff have explained in words I understand, that he can administer services to help undergo a surgical procedure. Methods appropriate both for the nature of the procedure and my conditions have been outlined as Monitored Anesthesia Care (MAC). Risks of these services may be separate from those of surgery and have been explained to my satisfaction. We have discussed the alternate methods for providing comfort during surgery as using local with out sedation

Risks of anesthesia

I understand that this listing may not be comprehensive.

- | | |
|-----------------------------------------|---------------------------------------------------------------|
| 1. Nausea, vomiting. | 11. Failure of a local anesthetic procedure |
| 2. Headache. | 12. Awareness during surgery |
| 3. Hoarseness of voice | 13. Adverse drug reactions including allergies. |
| 4. Cuts and bruises to face, mouth. | 14. Corneal abrasion or other eye injury |
| 5. Sore throat and pharynx | 15. Pneumonia |
| 6. Damage to teeth or dental work. | 16. Stroke |
| 7. Distention from gases in stomach. | 17. Bleeding |
| 8. Urinary retention. | 18. Failure to wake up |
| 9. Temporomandibular joint injury (TMJ) | 19. Death |
| 10. Temporary paralysis (weakness) | 20. Nerve injury causing pain, paralysis or loss of sensation |

I have read and understood the information presented on this form. MAC anesthesia has been proposed and approved by me after discussion. I understand that alternative anesthesia services may be necessary if conditions change during surgery. I have had the opportunity to ask questions to clarify my understanding. I understand that anesthesia will be administered by Dr. Niamtu and staff and I agree to the proposed plan.

Intravenous sedation Local anesthesia General Anesthesia

I understand anesthesia services will be provided by an anesthesiologist, certified registered nurse anesthetist (CRNA), or Dr. Niamtu and staff.

Female patients: I realize that if I am pregnant or nursing, anesthesia *will not* be performed.

I understand that I cannot have anything to eat or drink for eight (8) hours prior to anesthesia. It is important to take my regular medications or ones prescribed by this office with only a sip of water. Also, I will be accompanied by a responsible adult to drive me home and stay with me until I am sufficient to care for myself. During recovery time, I should not drive, operate complicated machinery or devices, or make important decisions such as signing documents, etc.

Patient's (or Legal Guardian's) Signature

Date

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Witness' Signature

Date

Surgeon's Signature

Date