



Patient Name: _____ Chart #: _____ Date: _____

Consent for General Anesthesia

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It has been explained to me that anesthesia involve some risk and no guarantees or promises can be made concerning the results of my procedure or treatment. Although rare, unexpected severe complications with anesthesia can occur. I have been informed of and understand the potential risks associated with anesthesia include but are not limited to:

- Allergic or adverse reactions to medications or materials;
- Pain, swelling, redness, irritation, numbness and/or bruising in the area where the IV needle is placed. Usually the numbness or pain goes away, but in some cases, it may be permanent;
- Nausea, vomiting, disorientation, confusion, lack of coordination, and occasionally prolonged drowsiness. Some patients may have an awareness of some or all events of the surgical procedure after it is over;
- Heart and breathing complications that may lead to brain damage, stroke, heart attack (cardiac arrest), or death;
- Sore throat or hoarseness if a breathing tube is used.

General Anesthesia: Total unconscious state, possible placement of a tube into the windpipe. Medication injected into the bloodstream, breathed into the lungs or by other routes as needed. Risks: Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, aspiration, pneumonia.

I hereby consent to the anesthesia service above and authorize that it be administered by Dr. Niamtu, an anesthesiologist, or certified registered nurse anesthetist, all of whom are credentialed to provide anesthesia services at this facility.

I understand that I am an important member of the treatment team. In order to increase the chance of achieving optimal results, I have provided an accurate and complete medical history, including all past and present dental and medical conditions, prescription and non-prescription medications, any allergies, recreational drug use, and pregnancy (if applicable).

I agree to follow all instructions provided to me by this office before and after the procedure, take medication(s) as prescribed, practice proper hygiene, keep all appointments, make return appointments if complications arise, and complete care. I will inform my doctor of any post-operative problems as they arise. My failure to comply could result in complications or less than optimal results.

I have elected General Anesthesia; therefore, I have not had anything to eat or drink for at least eight (8) hours prior to my procedure. I understand that doing otherwise may be life-threatening.

As instructed, I have taken my regular medications (blood pressure medications, antibiotics, etc.) and/or any medicine given to me by my doctor using only small sips of water. I am accompanied by a responsible adult to drive

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me to and from the doctor’s office and he/she will stay with me after the procedure until I am recovered sufficiently to care for myself. I understand the drugs given to me for this procedure may not wear off for 24 hours. During my recovery from anesthesia, I agree not to drive, operate complicated machinery or devices, or make important decisions such as signing documents, etc.

It has been explained to me, and I understand, that antibiotics and other medications may interfere with the effectiveness of oral contraceptives. Therefore, I understand that I will need to use some additional form of birth control, for one complete cycle of birth control pills, after the course of antibiotics or other medication is complete.

From time to time observing doctors visit the practice. No observer is ever involved in patient care but with the patient’s permission may observe their surgery. I understand that I may be observed by a visiting medical professional in the presence of Dr. Niamtu during my surgical procedure.

I had sufficient time to read this document or had it read to me; I understand the above statements, and have had ample time to ask questions and consider my decision. By signing this document, I acknowledge and accept the possible risks and complications of my anesthetic and agree to proceed.

Patient’s (or Legal Guardian’s) Signature

Date

Witness Signature

Date

I certify that I have explained to the patient and/or the patient’s legal representative the nature, purpose, benefits, known risks and complications. The patient and/or patient’s legal representative has voiced an understanding of the information given. I have answered all questions to the best of my knowledge, and I believe that the patient and/or legal representative fully understands what I have explained.

Signature of Anesthesia Provider

Date

Title