

# ANESTHESIA CONSULTANTS OF THE UPPER VALLEY, PLLC

Date of Procedure:

Name:

Procedure:

DOB / Age:

## ANESTHESIA CONSENT

Anesthesia Consultants of the Upper Valley, PLLC has been requested to assist you in today's procedure, either by you the patient (or legal guardian) and/or your doctor. By signing this form, you are consenting to the administration of anesthesia.

There are many different kinds of anesthesia, as well as depths of sedation ranging from very light sedation to very deep sedation (general anesthesia). Taking your medical history in to account and your requested degree of sedation, I will work with you to find the appropriate level of sedation / anesthesia to assist you through your procedure. You will receive a combination of anesthetics, including the possibility of oral sedation, inhaled nitrous oxide ("laughing gas"), local anesthesia ("numbing medicine"), as well as intravenous medication(s). I am with you throughout your entire procedure, and will continue to care for you as you awaken / recover from the anesthesia. You will be monitored throughout your procedure with standard monitoring equipment as mandated by the American Society of Anesthesiologists, and anesthesia care will be provided to you in accordance with the standards of the profession of Anesthesiology.

By signing below, you acknowledge that there are inherent risks when receiving anesthesia, including (but not limited to): grogginess, fatigue, nausea and/or vomiting, sore throat, hoarseness, allergic reactions, adverse reaction, aspiration of stomach contents, numbness / tingling, positioning nerve injury, shivering, eye injuries, damage to teeth (if you were to need a breathing tube during the anesthetic), awareness, lack of awareness (lack of memory of the procedure and events surrounding the procedure), sleep disruption, headaches, thinking problems, confusion, breathing problems, changes in blood pressure, heart problems and, in rare instances, there exists the possibility of damage to major organs including the brain (e.g. stroke), heart (e.g. heart attack), lungs (e.g. pneumonia), kidneys, and liver. There is even the extremely rare possibility of death due to some event during the anesthetic.

Being forthcoming with your medical history is extremely important in that some medical conditions increase the chance of complications. Similarly, it is important for me to know about smoking, alcohol, substance abuse, as well as herbal remedies and/or supplements.

By signing below, you also acknowledge that once I feel it is safe to release you from my care, I will discharge you to a responsible adult who can stay with you for several hours after your procedure. You are not to drive the day of receiving sedation. You will receive discharge instructions to bring home with you.

Unfortunately, not all insurance providers will cover the full expense of anesthesia for your procedure. By proceeding with anesthesia today, you are acknowledging that you will be responsible for the cost of anesthesia minus the amount that your insurance company will cover. If your insurance carrier does not cover any anesthesia for today's procedure, you understand that you will be responsible for paying for the full cost of anesthesia.

**SIGNATURE:** I have read (or had someone read to me) this document, and I am affirming my wish to proceed with anesthesia. I have had the risks and benefits of anesthesia explained to me, and I have had all questions answered regarding those possible risks and benefits. I understand that I have the right to refuse anesthesia, and that by signing this document, I am confirming my wish to proceed with my procedure with anesthesia.

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Signature of Patient / Legal Guardian

Printed name

Date

Time

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Signature of Anesthesiologist

Printed name

Date

Time