

CONSENT for ANESTHESIA

Singular Anesthesia Services, PLLC

****PLEASE READ THIS DOCUMENT CAREFULLY****

You will be asked to sign this form when you arrive for your Procedure

PATIENT NAME _____ DATE of BIRTH _____

1. Permission for Administration of Anesthesia. I hereby consent to the administration of Monitored Anesthesia Care with sedation and authorize Dr. _____, (Anesthesiologist) and/or designee from Singular Anesthesia Services, PLLC, to administer the anesthesia. Monitored Anesthesia Care includes injections into the intravenous line producing a semiconscious state with spontaneous breathing and oxygen supplementation by nasal prongs or facemask. Amnesia for the procedure is usual, with minimal experienced Pain.
2. Explanation of Procedure, Risks, Benefits and Alternatives. My anesthesiologist has discussed with me the above anesthetic technique along with available alternatives and the possible risks and complications that may arise as a result of the proposed administration. These risks/complications include but are not limited to, awareness and/or discomfort, depressed breathing, injury to blood vessels, damage to mouth, teeth or eyes, hoarseness, or runny nose. Rarer and potentially more serious risks/complications include but are not limited to allergic reactions, aspiration, pneumonia, nerve injury, seizure, loss of sensation, loss of limb function, stroke, heat attack, or death. Notwithstanding, I authorize administration of the anesthesia noted above and the use of anesthetic techniques as may be considered necessary or advisable by my anesthesiologist during the procedure to which I have consented, including additional or modified procedures or anesthetics that may become necessary
3. No Guarantees. I acknowledge that no guarantees or assurances have been made to me concerning the administration of anesthesia or the performance of anesthesia procedures.
4. Understanding of the Form: I certify and acknowledge that I have read this form or have had it read to me; That I fully understand the expected results of the anesthesia services and the availability of alternative techniques; That I further fully understand possible risks and complications that might result; that I had ample time to ask question in explanation and consider my decision; and that all of my questions have been answered fully and satisfactory.

Patient Signature _____ Date _____ Time _____

Witness Signature _____ Date _____ Time _____

Provider Certification: I hereby certify that I have explained the nature, purpose, benefits, risks or and alternatives to the proposed anesthesia associated with the procedure to be performed, have offered to answer any questions and have fully answered all such questions. I believe that the Patient/relative/guardian/proxy fully understands what I have explained and answered. I have reviewed the above consent form and hereby confirm the accuracy of the document including the description of the administration of anesthesia.

Provider Signature _____ Date _____ Time _____