



Patient:
 DOB: Age:
 Patient#: AC#:
 Physician:
 DOS: Sex:

Anesthesia Consent

PATIENT INFO.

Last Name	First Name	Middle Name	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age	Gender	Performing	Anesthesiologist
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Procedure Description	Pre Op Diagnosis	Allergies	Patient Medication
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I understand that I will need anesthesia services for the surgical procedure(s) to be done on

and that the type of anesthesia to be used will depend upon the procedure(s) and my physical condition.

Anesthesia is a specialty medical service which manages patients who are rendered unconscious or with diminished response to pain and stress during the course of a medical or surgical procedure.

During the course of the procedure, conditions may require additional or different anesthetic monitoring or techniques, and I ask that the anesthesia provider provide any other necessary services for my benefit and well-being.

Although serious harm or death as result of anesthesia are uncommon occurrences, these can and do occur in spite of good medical care and are a part of the risks I must consider in deciding to have a surgical procedure.

A detailed explanation of anesthesia and its risks are given to me not to produce fear or anxiety, but to comply with the law of the state of Colorado.

No guarantees have been made by anyone regarding the anesthesia services I am agreeing on.

I understand that the specific type of anesthesia may need to change during the procedure due to unforeseen circumstances.

I understand that anesthesia at ADVANCED VISION SURGERY CENTER may be provided by an Anesthesiologist and/or a Certified Registered Nurse Anesthetist.

Anesthesia Consent

Planned Anesthesia Care

- **Topical Anesthesia:** Surface anesthesia is produced by direct application of anesthetizing agents on the skin or mucous membranes.
- **Local Anesthesia:** Anesthetizing agents are injected or infiltrated directly into a small area of the body, usually the surgical site(s) to inhibit nerve transmission.
- **Peribulbar or Retrobulbar Block:** Block that is performed by injection of a local anesthetic where the tip of the needle remains in the peribulbar space so the optic nerve is protected.
- **MONITORED ANESTHESIA CARE (MAC)** The anesthesia provider monitors blood pressure, oxygenation, heart rate, heart rhythm and mental state, and supplements sedation and analgesia as needed.
- **General Anesthesia:** Anesthesia is used to induce a deep level of sedation that resembles sleep, causing loss of consciousness and preventing any kind of awareness during the surgical procedure.

RISKS AND COMPLICATIONS:

RISKS AND COMPLICATIONS of anesthesia may include but are not limited to: allergic/adverse reaction, aspiration, backache, brain damage, coma, dental injury, headache, inability to reverse the effects of anesthesia, infection, localized swelling and/or redness, muscle aches, nausea, ophthalmic (eye) injury, pain, paralysis, pneumonia, positional nerve injury, recall of sound/noise/speech by others, seizures, sore throat, wrong site for injection of anesthesia and death.

I have been given the opportunity to ask questions about my anesthesia and feel that I have sufficient information to give this informed consent. I agree to administration of the anesthesia prescribed for me. I recognize that the alternative to acceptance of anesthesia may result in no anesthesia for this procedure.