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## CONSENT FOR ANESTHESIA SERVICES

The following is provided to inform patients about having treatment under anesthesia. The information is not presented to make you more apprehensive, but rather to enable you to better understand the risks and benefits involved with anesthetic treatments.

I, the undersigned, hereby authorize and request any doctor represented with CarePoint to administer anesthesia as previously discussed with me. I understand and agree that procedures not talked about, but deemed necessary for my child's well-being may be performed to supplement the planned anesthesia. It has been explained to me that all types of anesthesia, although safe, involve some risks and no guarantees can be made concerning results. Serious complications are very rare. The following are complications that may be associated with the anesthetic treatment:

**COMMON COMPLICATIONS:**

- Pain and/or bruising at the IV site
- Sore throat and/or hoarseness
- Muscle aches
- Nausea and/or vomiting

**RARE COMPLICATIONS:**

- Heart injury
- Brain damage or death

**UNCOMMON COMPLICATIONS:**

- Headaches
- Injuries to lips, teeth, mouth or throat from airway instruments or devices
- Unexpected drug reaction
- Infection at intravenous site and veins nearby
- Bleeding/injury in the nose due to passage of a breathing tube
- Lung infection
- Eye injury or infection
- Weakness in breathing after awakening
- Nerve Damage

- Alternative options to deep sedation/general anesthesia have been discussed with me and may include the use of local anesthesia with nitrous oxide sedation or local anesthesia alone.
- I confirm that I have not had anything to eat or drink (other than indicated medications with the smallest amount of water) for at least eight (8) hours prior to anesthesia.
- I certify that to my knowledge that I am not pregnant or trying to become pregnant.
- I have read and agree to the HIPAA Notice of Privacy Practices *posted on our website, [www.carepointanesthesia.com](http://www.carepointanesthesia.com)*.

I consent to the anesthesia deemed appropriate by my anesthesiologist. I acknowledge that I have read this form or had it read to me and that I understand the risks, alternatives, and expected results of the anesthetic plan of care.

CONSENT for (Patient Name): \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Patient's/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_