Patient Name:
DOB:

CONSENT FOR ANESTHESIA

Please read carefully, initial and sign. If you have any questions, please feel free to address questions to the anesthesiologist. I request and authorize Dr. Bonnie Song to administer anesthesia for the planned dental/surgical procedure:

_____ I understand that the patient will be undergoing deep sedation/general anesthesia. I consent, authorize and request the administration of such anesthetic (local or general) by any route that is deemed suitable by the anesthesiologist, who is an independent contractor and consultant. It is the understanding of the undersigned that the anesthesiologist will have full charge of the administration and maintenance of the anesthesia and this is an independent function from the surgery/dentistry.

_____ For a minimal of six (6) hours prior to surgery, I agree that the patient will not have or has not had anything to eat or drink.

_____ I understand that medication, drugs, anesthetics, and prescriptions may cause drowsiness and lack of awareness and coordination. Any activity like playing without supervision, sports, or driving (adults) may be impaired and is not recommended for the next 12 hours.

_____ I understand that risks are present and associated with sedation and anesthesia procedures. My doctor has explained the following associated complications, including but not limited to: (1)nausea and vomiting, (2)sore throat. Other more rare complications include (3)inflammation of the vein or skin at the intravenous site, (4)respiratory difficulties, (5)injury to the front teeth, (6)eye injury, (7)allergic reactions, (8)and cardiac difficulties, including cardiac arrest, which could possibly result in brain damage and/or death.

_____ I acknowledge the mask procedure (if applicable): (1) The patient may not be cooperative with the mask and parent agrees to assist or allow assistance of keeping mask on face until patient is unconscious. (2)I will be asked to leave the procedure room as soon as the patient is unconscious as decided by anesthesiologist. (3) I can opt out of going in with patient if they prefer. Many parents find the masking process upsetting and difficult.

_____ I will be brought back as soon as safe to do so. Wake-up can include shivering, coughing, and loud breathing. As the patient wakes up more, it can progress to tearfulness, crying, and rarely violent behavior.

_____ I understand English or have had this translated for me. I have reviewed this consent form and have had all my questions answered to my satisfaction.

I CONSENT TO THE ABOVE PROCEDURE(S). (If the patient is unable to consent because he/she is a minor, I consent for the patient as their parent/guardian).

_____

(Patient/guardian signature) /printed name relationship to patient date

_____

(interpreter signature)/ printed name date