

Disability Dental Services
CONSENT FORM FOR ANESTHESIA
972-296-0101 phone----972-296-5801 fax

PATIENT'S NAME _____

While the benefits of anesthesia are obvious, the following has been provided to *help inform me of the risks* involved with anesthesia.

There are *frequent side-effects* of anesthesia including but not limited to dizziness, lack of coordination, temporary loss of memory, changes in my breathing pattern, changes in heart rate, changes in blood pressure.

There are *less frequent complications* of drugs and anesthesia including, but not limited to nausea, vomiting, prolonged sleepiness, and allergic reaction.

A rare complication of cardiac arrest, brain damage or death has been known to occur.

There are *occasionally complications around the area of the IV catheter* including but not limited to bruising, temporary skin discoloration, pain, infection, swelling, inflammation of the vein, bleeding, temporary numbness of the area.

Medications and anesthetics may be harmful to an unborn child and may cause birth defects or spontaneous abortion. I accept the responsibility for informing the anesthesiologist of a suspected or confirmed *pregnancy*, understanding that this will necessitate the postponement of anesthesia.

Having read the foregoing explanation, in addition to any verbal communication, *I accept the risks of anesthesia* in exchange for the anticipated benefits of anesthesia. I understand that there is no guarantee as to any result.

I understand that prior to intravenous sedation, it may be necessary to use an oral pre-med, and/or physical restraint (arm restraint or lap belt), in order to protect the individual or others until the procedure is accomplished.

I, hereby, authorize and request the Anesthesia Staff to perform the anesthesia as explained to me and to perform any other necessary procedure related to anesthesia.

SIGNED _____ DATE _____

PATIENT (legal guardian if patient is a minor)

WITNESS _____ DATE _____

Other responsible adult witnessing above signature

(This form to be completed, returned and retained with Anesthesia Records at The Ford Clinic)