



CONSENT FOR ANESTHESIA

The following is provided to inform our patients of the choices and risks involved with having treatment under anesthesia. There are four choices for anesthesia: Local anesthesia, moderate sedation, deep sedation/general anesthesia, or no anesthesia. These can be administered, depending on each individual patient's medical status, in a hospital or in a private office.

The most frequent side effects of any intravenous sedatives are drowsiness, nausea and vomiting, and phlebitis. Most patients remain drowsy or sleepy following their surgery for the remainder of the day. As a result, coordination and judgment will be impaired. It is crucial that adults refrain from activities such as driving, and children remain in the presence of a responsible adult. Phlebitis is a raised, tender, hardened, inflammatory response at the intravenous site. The inflammation usually resolves with application of a warm towel and anti-inflammatory medication; however, tenderness and hard lump may be present up to a year.

I have been informed and understand that occasionally there are complications of the drugs and anesthesia including but not limited to: pain, hematoma, numbness, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reaction, skin rash, stroke, respiratory depression/arrest, seizures, hallucinations, fever, sore throat or hoarseness, dental damage, injury to the skin, lip, or eye, aspiration, brain damage, and heart attacks. I further understand and accept the risk that complications may require hospitalization and even may result in death. I have been made aware that the risks associated with local anesthesia, moderate sedation, and deep sedation/general anesthesia will vary. Of these three, local anesthesia is usually considered to have the least risk and general anesthesia the greatest risk. However, it must be noted that the local anesthesia sometimes is not appropriate for every patient and every procedure. Nerve damage from local anesthesia administration usually resolves, however, this may take over one year to heal. Nerve damage from local anesthesia administration may also be permanent.

I understand that anesthetics, medications, and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing the anesthesiologist of the possibility of being pregnant or a confirmed pregnancy with the understanding that this will necessitate the postponement of the anesthesia. For the same reason, I understand that I must inform the anesthesiologist if I am a nursing mother.

Medications, drugs, anesthetics, and prescriptions may cause drowsiness that can be increased by the use of alcohol or other drugs. I have been advised not to operate any vehicle or hazardous device for at least twenty-four hours, or until fully recovered from the effects of the anesthetic, medications, and drugs. I have been advised not to make any major decisions until after full recovery from anesthesia. Parents are advised of the necessity of direct parental supervision of their child for twenty-four hours following anesthesia.

Please initial boxes and complete and sign bottom of form.

I hereby authorize and request Dr. James Lipon, or his designee(s), to perform the anesthesia as previously explained to me, and any other procedure deemed necessary or advisable as a corollary to the planned anesthesia. I consent, authorize, and request the administration of such anesthetic or anesthetics (local to 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.

I have been advised of and completely understand the risks, benefits and alternatives of local anesthesia, sedation and general anesthesia. I accept the possible risks. I acknowledge the receipt of and understand both the pre-operative and post-operative anesthesia instructions. It has been explained to me and I understand that there is no warranty and no guarantee as to any result and/or cure. I have had the opportunity to ask questions about my, or my child's, anesthesia and am satisfied with the information provided to me. It is also understood that the anesthesia services are completely independent from the operating dentist's procedure. The anesthesiologist assumes no liability from the surgery/dental treatment performed while under anesthesia and that the dentist assumes no liability from the anesthesia performed. I authorize the exchange and sharing of personal information between the treating doctor's office and the anesthesiologist.

Print Patient's Name: _____

Print Parent/Guardian's Name (if applicable): _____

Signature: _____ Date: _____