

# Informed Consent for Clinical Anesthesia Services

- 1) I hereby authorize the anesthesia provider to provide clinical anesthesia to myself.
- 2) The anesthesia provider has explained and discussed with me the nature and purpose of the proposed anesthesia. This consists of placing a catheter into my vein and administering medicine. My vital signs will be continually monitored throughout the procedure (blood pressure, electrocardiogram, oxygen saturation, respiration and ventilation).
- 3) I consent to the administration of intravenous anesthesia and the inhalation of oxygen under the direction and/or supervision of the anesthesia provider.
- 4) The anesthesia provider has explained and discussed with me the items that are summarized below:
  - a) The pre-procedure, procedure, and post-procedure risks of anesthesia include but are not limited to: inflammation of the vein, bruising and/or discoloration at the injection site, trismus or spasm of the muscles of the face, lack of coordination, drowsiness, fainting, allergic reactions, vomiting, nausea, aspiration, damage to teeth or oral tissues, necrosis of tissue at injection site, brain damage, paralysis, cardiac arrest and/or death.
  - b) The possible or likely results of intravenous anesthesia are to keep me in a sedate or sleep-like state.
  - c) All feasible alternatives to the administration of intravenous anesthesia have been adequately explained by the anesthesia provider.
  - d) I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me concerning the results of the proposed treatment and/or anesthetic.
  - e) The benefits of clinical anesthesia.
  - f) I have received and read the procedure instructions and have followed as directed. I will note that the instructions advise "no driving" until the day following the procedure.
  - g) I have been advised that my escort must be 18 years of age or older.
- 5) I certify that I have not consumed solid food since midnight and liquids since four hours before the time of the procedure.
- 6) I have had sufficient time to discuss options to, benefits from, and risks of anesthesia with the anesthesia provider.
- 7) All of my questions have been answered adequately by the anesthesia provider.
- 8) I certify that I have read and fully understand the above consent statement which has been preceded by an explanation by my anesthesiologist and that the explanation herein referred to was made to me by the anesthesia provider.
- 9) I consent knowingly and voluntarily to the administration of intravenous anesthesia as outlined above. At all times during the reading, explanation and execution of this Form, I possessed all of my mental faculties and was not under the influence of alcohol and/or medications.
- 10) The anesthesia provider will bill my insurance carriers when applicable. I hereby authorize my insurance benefits to be paid directly to the anesthesia provider, and acknowledge and accept full financial responsibility for my account balance. The anesthesia provider will abide by all regulations of participating insurance plans.

Patient/Legally Authorized:  \_\_\_\_\_ Witness: \_\_\_\_\_  
(Circle One) Representative

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Anesthesia Provider: \_\_\_\_\_



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