



INFORMED CONSENT AND RECORDS RELEASE FOR ANESTHESIA

The following is provided to inform patients of the choices and risks involved with having treatment under anesthesia. This information is not presented to make patients apprehensive but to enable them to be better informed concerning their treatment. The choices for anesthesia are: local anesthesia alone, local with intravenous sedation, or general anesthesia. These are administered depending upon each individual patient's unique requirements.

The side effect seen most frequently of any intravenous infusion is phlebitis which occurs only 2-4 percent of the time. Phlebitis is a raised, tender, hardened, inflammatory response at the site of the injection which can have onset from 24-48 hours up to two weeks after the procedure. The inflammation usually resolves with local application of warm (100°F) moist heat, yet tenderness and a hard lump may be present up to a year.

I, _____, hereby authorize and request _____, D.D.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 (from local to general) by any method that is deemed suitable by the anesthesiologist. It is the understanding of the undersigned that the anesthesiologist is an independent contractor and consultant and will have full charge of the administration and maintenance of the anesthesia, which is an independent function of the surgery/ dentistry. I also understand that the anesthesiologist has no responsibility for the dentistry to be performed or the diagnosis or treatment planning involved in dentistry.

I have been informed and understand that occasionally there are complications of the local anesthesia and medications, including but not limited to: pain, hematoma, temporary or permanent numbness of the face, teeth, tongue, lip or gums, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reaction, stroke, and heart attack. I further understand and accept the risk that very rare complications may require hospitalization that could result in death. I have been made aware that the risks associated with local anesthesia, conscious sedation, and general anesthesia vary. Of the three, local anesthesia is usually considered to have the least risk and general anesthesia is the greatest risk. However, it must be noted that local anesthesia alone may not be appropriate for every patient and every procedure and that local and sedation may be safer than local alone.

I understand that anesthetics, medication, 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 any possibility of pregnancy with the understanding that this will necessitate the postponement of the anesthesia. For similar reasons I understand that I must inform the anesthesiologist if I am a nursing mother.

Because medication, drugs, anesthetics, and prescriptions may cause drowsiness and incoordination which 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 (24) hours or longer until fully recovered from the effects of the anesthetic, medications, and drugs that may have been given to me for my care. I have been advised not to make any major or important decisions until after full recovery from the anesthesia. I understand that those with a history of chemical or alcohol dependency have a possible risk of relapse after anesthesia and should take appropriate precautions and support options.

I have been fully advised of and accept the possible risks and dangers of anesthesia. I acknowledge the receipt of, understand and agree to follow both pre and post-operative anesthesia instructions. It has been explained to me and I understand that there is no warranty or guarantee as to any result and/or cure. I have had the opportunity to ask questions about my anesthesia and I am satisfied with the information provided to me. **I also request that my physician's release to the anesthesiologist any information he desires regarding my diagnosis, treatment, prognosis and recommendations as well as other data pertinent to my surgery and anesthetic management.** I also authorize the anesthesiologist to speak with my spouse, parents or children regarding any phase of my treatment. I have received a copy of instructions and this consent.

Patient Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____