

ANESTHESIA INFORMED CONSENT

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Patient's Name

Date of Birth

This form and your discussion with your doctor are intended to help you make informed decisions about the anesthesia options for your treatment. Your doctor is available to answer any questions you may have regarding anesthesia and provide additional information before you decide whether to sign this document and proceed with the procedure.

1. I have elected to proceed with the anesthesia(s) indicated below.

- _____ Local Anesthesia
- _____ Nitrous Oxide (Laughing Gas)
- _____ Mild Sedation
- _____ Moderate Sedation
- _____ Deep Sedation (General Anesthesia)

I have been informed of and understand the potential risks associated with anesthesia include but are not limited to:

- Nerve injury, which may occur from the delivery of local anesthesia, resulting in altered or loss of sensation, numbness, pain, or altered feeling in the face, cheek(s), lips, chin, teeth, gums, and/or tongue (including loss of taste). Such conditions may resolve over time, but in some cases may be permanent and/or require additional treatment;
 - Allergic or adverse reactions to medications or materials;
 - Pain, swelling, redness, irritation, numbness and/or bruising in the area where the IV needle is placed. Usually the numbness or pain goes away, but in some cases, it may be permanent;
 - Nausea, vomiting, disorientation, confusion, lack of coordination, and occasionally prolonged drowsiness. Some patients may have an awareness of some or all events of the surgical procedure after it is completed;
 - Heart and breathing complications that may lead to brain damage, stroke, heart attack (cardiac arrest), or death;
 - Sore throat or hoarseness if a breathing tube is used.
2. I have been informed of and understand that follow up visits or care, additional evaluation, treatment or surgery, and/or hospitalization may be needed.
3. Patient's Responsibilities
- I understand that I am an important member of the treatment team. In order to increase the chance of achieving optimal results, I have provided an accurate and complete medical history, including all past and present dental and medical conditions, prescription and non-prescription medications, any allergies, recreational drug use, and pregnancy (if applicable).

Anesthesia Consent Form Template

**Laura Harrington, Laura Cook
Harrington**



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