

PATIENT NAME: \_\_\_\_\_

NAME OF PARENT: \_\_\_\_\_

## TERESA PHAM, DDS

### Consent for Anesthesia (March 2017)

There are risks involved in any type of anesthesia. It is not possible to guarantee or give assurance of a successful result. It is important that you clearly understand and agree to the planned anesthetic, the possible risks, complications and alternatives.

There are three types of anesthesia (**INITIAL EACH SPACE BELOW**)

\_\_\_ **GENERAL ANESTHESIA** – use of intravenous and/or inhalation agents which will cause unconsciousness. A breathing tube is often required to protect your airway.

\_\_\_ **REGIONAL ANESTHESIA** – use of anesthetizing agents and/or narcotics injected around a nerve(s) so as to produce a loss of sensation and/or movement of a specific part of the body.

\_\_\_ **MONITORED ANESTHESIA CARE** – commonly known as “twilight” anesthesia, this involves the use of different anesthetic agents to produce various levels of sedation and/or analgesia. The patient is usually able to maintain their own breathing without the use of an advanced airway.

During the procedure, you may need additional anesthesia, type or techniques and/or monitoring. Signing this consent allows your anesthesiologist to provide you with such services for your own comfort, safety and well-being.

**RISKS AND COMPLICATIONS** include but are not limited to: allergic reactions, infection, bleeding, recall, nausea/vomiting, nerve injury, dental damage, ocular injury, tissue trauma, aspiration, breathing problems, and in extremely rare cases, major organ damage, coma or even death.

**FOR PEDIATRIC PATIENTS:** The administration and monitoring of general anesthesia may vary depending on the type of procedure, the type of practitioner, the age and health of the patient, and the setting in which anesthesia is provided. Risks may vary with each specific situation. You are encouraged to explore all the options available for your child’s anesthesia for his or her dental treatment, and consult with your dentist or pediatrician as needed.

**ALTERNATIVES** include no anesthesia or postpone, cancel or reschedule the procedure at a surgery center or hospital. **INITIALS HERE** \_\_\_\_\_.

I understand the type of anesthesia planned for my procedure. I am aware of the potential risks, complications, and alternatives. I have had all my questions answered to my satisfaction. I have truthfully provided the anesthesiologist with information regarding my medical history. I hereby agree to proceed with the procedure and the anesthesia.

\_\_\_\_\_  
Patient (or legal representative) signature

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Anesthesiologist signature

\_\_\_\_\_  
Date and Time