

Consent for Anesthesia Administration

Date: _____

Patient Name: _____

Date of Birth: _____

Procedure: _____

Physician: _____

Introduction

I, the undersigned, consent to the administration of anesthesia as part of my medical procedure. I understand that anesthesia may be general, regional, or sedation-based, as deemed appropriate by my physician.

Risks and Benefits

I have been informed of the benefits and potential risks associated with anesthesia, including but not limited to:

- Possible allergic reactions
- Respiratory complications
- Cardiovascular issues
- Post-anesthesia nausea and vomiting
- Other risks as discussed

Pre-Anesthesia Instructions

I agree to follow all pre-anesthesia instructions provided by my healthcare team.

Consent

I understand that I have the right to ask questions regarding the anesthesia and that my questions have been answered to my satisfaction.

By signing below, I consent to the administration of anesthesia for my procedure.

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____