

Letter of Acknowledgment for Anesthesia Usage

Date: [Insert Date]

To Whom It May Concern,

I, [Patient's Full Name], hereby acknowledge that I have received anesthesia during my recent medical procedure on [Date of Procedure]. I understand the type of anesthesia administered, which was [Type of Anesthesia], and the associated risks involved.

I have had the opportunity to ask questions regarding the anesthesia, and all my concerns have been addressed to my satisfaction by [Anesthesiologist's Name].

By signing below, I confirm that I understand the nature of the anesthesia provided and consent to its use in relation to my medical care.

Sincerely,

[Patient's Signature]

[Patient's Printed Name]

[Patient's Contact Information]