

Anesthesia Consent Form for Orthopedic Operations

Date: _____

Patient Name: _____

Patient ID: _____

Surgeon: _____

Procedure: _____

Consent for Anesthesia

I, the undersigned, hereby give my consent for anesthesia to be administered for the orthopedic operation described above.

I understand that anesthesia may involve risks, including but not limited to:

- Allergic reactions
- Respiratory complications
- Cardiovascular events

I have been informed about the type of anesthesia that will be used:

_____ (Type of anesthesia)

I have had the opportunity to ask questions and all my concerns have been addressed to my satisfaction.

By signing below, I acknowledge that I understand and accept the risks associated with anesthesia.

Patient Signature: _____

Witness Signature: _____

Date of Signature: _____