

Anesthesia Consent Form for Regional Anesthesia Procedures

Date: _____

Patient Name: _____

Date of Birth: _____

Procedure: _____

Introduction

Regional anesthesia involves the injection of anesthetic near a cluster of nerves to block sensation in a specific area of the body.

Benefits

1. Pain control during and after the procedure.
2. Reduced need for general anesthesia.

Risks

1. Infection at the injection site.
2. Nerve damage leading to temporary or permanent problems.
3. Allergic reactions to anesthetic agents.

Consent Statement

I, the undersigned, have read and understood the information provided regarding the regional anesthesia procedure. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.

Patient Agreement

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

Patient Signature: _____

Date: _____

Physician's Signature: _____

Date: _____