

Anesthesia Consent Form for Cosmetic Surgery

Date: _____

Patient Information

Name: _____

Date of Birth: _____

Procedure: _____

Consent for Anesthesia

I, the undersigned, hereby voluntarily consent to receive anesthesia for my upcoming cosmetic surgery procedure as described above. I understand that the anesthesia may include general anesthesia, regional anesthesia, or sedation, and I have been informed about the risks and benefits associated with each type.

Risks and Benefits

I acknowledge that I have had the opportunity to ask questions regarding the anesthesia and that I have received satisfactory answers. I understand the potential risks, which may include but are not limited to:

- Allergic reactions
- Respiratory complications
- Cardiovascular issues
- Nausea and vomiting

Patient Acknowledgement

I acknowledge that I have disclosed all relevant medical information to my healthcare provider, including medications, allergies, and past surgical history.

Signature

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Contact Information

If you have any questions or concerns, please contact:

Facility Name: _____

Phone: _____