

Surgical Procedure Patient Acknowledgment for Anesthesia Consent

Date: _____

Patient Name: _____

Date of Birth: _____

Procedure: _____

Dear [Patient's Name],

We would like to inform you that prior to your upcoming surgical procedure scheduled for [Date], you will be administered anesthesia. It is important that you understand the nature of the anesthesia being used and consent to its use.

Understanding of Anesthesia:

I acknowledge that I have been informed about the type of anesthesia I will receive and the potential risks and benefits associated with it.

Consent:

I hereby give my consent for the administration of anesthesia by the anesthesiologist and understand that this consent is given voluntarily.

Patient Acknowledgment:

By signing below, I acknowledge that I have had the opportunity to ask questions regarding the anesthesia and have received satisfactory answers.

Signature: _____

Date: _____

Contact Information:

If you have any questions or concerns, please contact our office at: [Office Phone Number]

Thank you for your cooperation.

Sincerely,

[Healthcare Provider's Name]

[Title]

[Facility Name]