

**VERIFICATION OF INFORMED COSENT
FOR ANESTHESIA SAFETY RELEASE**

Modern anesthesia is safe and usually well tolerated. However, even in experienced and competent hands, complication can occur. Minor problems include nausea and vomiting, headache or injury to teeth or dental work. Serious complications include nerve injury, damage to one or more of the vital organs, even major disability or death. Although major complications of anesthesia are fortunately rare in healthy people, some types of health problems increase the risk of such occurrences, so it is important that you fully and accurately complete the Health History Questionnaire.

Prior to your surgery, an anesthesiologist will talk with you. During this pre-operative visit you are encouraged to discuss, to your satisfaction, the anesthesia recommended for you, the possible alternatives, as well as more detailed discussion of the risks of anesthesia mentioned above. Please ask as many questions as you feel necessary, in order to assist you in making an informed decision.

For your safety after surgery, you should have a responsible person with you overnight. Also, if you have been given ANY consent includes your acknowledgement that risk of complication always exists as a result of anesthetic management. Your signature also releases the surgical center and it's entire staff from any liability which may arise, or for any harm that may befall you as a result of non-compliance with the above.

Please sign only after you have been informed to your satisfaction and you understand the information given to you.

I hereby consent to the anesthesia service checked and authorized that it be administered by _____, of his/her associates, all of whom are credentialed to provide anesthesia service(s), as designated, at this health facility. I also consent to an alternative type of anesthesia if necessary, as deemed appropriate by them.

I expressly desire the following consideration be observed, (or write "none"):

I certify and acknowledge that I have read this form, or have had it read to me, that I understand the risks, alternatives, and expected results of the anesthesia service and that I had ample time to ask questions and to consider my decision.

Patient/Parent/ or Guardian Signature

Date/Time

Witness Signature

Date/Time

Physician comments and observations:

ASA Physical Status: 1 2 3 4

Physicians Signature