

Patient Name: _____

Patient Label

Date: _____

REQUEST FOR ADMINISTRATION OF ANESTHESIA SERVICES

I the patient _____ or _____ patient relative or guardian, acting on his/her behalf, and asking to receive anesthesia during my pending procedure/ operation/ treatment in order to lessen the pain I might otherwise experience at Timonium Surgery Center, LLC.

- It has been explained to me that all forms of anesthesia involve some risks. Common problems associated with anesthesia may include but not limited to: nausea, vomiting and muscle soreness. Although rare, severe unexpected complications can occur with anesthesia, which include but is not limited to: bleeding, drug reactions, allergic reactions, liver or kidney damage, blood clots, paralysis, stroke, brain damage, heart attack or death. I understand that these risks apply to all forms of anesthesia and that additional or specific risks have been identified. I understand that the type(s) of anesthesia circled at the bottom of this form will be used for my procedure/operation/treatment.
- I understand that medication(s) that I am taking may cause complications with anesthesia and that I should inform my anesthesiologist of any medications including, but not limited to: aspirin, steroids, cold remedies, heart, blood pressure and thyroid medications, narcotics, alcohol, marijuana and cocaine.
- I understand that if I am pregnant, any medication I may receive may have an adverse effect on the baby/fetus and may cause serious damage including birth defects, brain damage, and death of the baby and/or miscarriage. Therefore, I understand I should inform my doctors if there is a chance that I may be pregnant.
- Should the need arise preceding my procedure/operation/treatment or in the post-operative period, I consent to the administration of blood and/or blood products. Further, I understand that despite careful testing and consent to the screening of blood and related products, I may still be subject to the ill effects of a transfusion. The following are some but not all of the potential risks that can occur; fluid overload, fever and allergy reactions, hemolytic reactions, and transmission of diseases; hepatitis, AIDS (HIV), and /or cytomegalovirus (CMV).
- I consent to appropriate tests and treatments that may evaluate better my risk and prepare me for anesthesia associated with my pending procedure/operation/treatment.
- I understand that while I am receiving anesthesia, conditions may develop which require modifying or extending this consent. I therefore authorize modifications or extensions of this consent that professional judgment indicates to be necessary under the circumstances.
- I understand that my anesthesia care will be given to me by or under the supervision of an attending anesthesiologist. I understand that along with my attending anesthesiologist and his/her assistants, designees, and other medical center personnel such as Certified Registered Nurse Anesthetists (CRNA) technicians will be involved in my anesthesia care.
- By signing this request form, I indicate that I fully understand the contents of this document, agree to its provisions, and request the administration of anesthesia for relief of pain during my pending procedure/operation/treatment. I know that if I have concerns, and would like more detailed information, I may ask more questions, and receive more information from my attending anesthesiologist.
- I acknowledge that I know the practices of anesthesiology, medicine, and surgery are not exact sciences, and that no one has given me any promises or guarantees about the administration of anesthesia or its results. I have been informed about the common foreseeable risks as well as reasonable alternatives. I fully understand what I am now signing is on my own free will. All questions regarding anesthesia have been answered to my satisfaction.
- I consent to the following anesthetic Plan: General/TIVA/MAC with sedation/MAC without sedation/Regional.

_____/_____/_____
 Signature of patient/parent/guardian Date & Time Witness

I Dr. _____, attest that this patient or the representative named above has been informed about the common foreseeable risks and benefits of the proposed anesthetic procedure(s) as well as reasonable alternatives. Patient questions with regard to the procedure have been answered to his/her apparent satisfaction.

_____/_____
 Signature of anesthesiologist Date & Time