CONSENT FOR ANESTHESIA- Advanced Dental Anesthesia PLLC

TO THE PATIENT (OR THE PATIENT'S PARENTS IN PEDIATRIC CASES): You have the right, as a patient, to be informed about your condition and the recommended anesthesia to be used so that you may make the decision whether or not to receive the anesthesia after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the anesthesia.

I voluntarily request that anesthesia as indicated below be administered to me (the patient) or to my child. I understand it will be administered by Dr Izadi. I understand that anesthesia involves additional risks and hazards but I request the use of anesthetics for the relief and protection from pain or anxiety during the planned and additional procedures. I realize the type of anesthesia may have to be changed possibly without explanation to me. I understand that serious, but rare, complications can occur with all anesthetic methods. Some of these risks are breathing and heart problems, drug reactions, nerve damage, cardiac arrest, brain damage, paralysis, or death.

I also understand that other complications may occur. Those complications include but are not limited to the checked planned anesthesia method below.
Planned Anesthesia:
_____GENERAL ANESTHESIA – Nausea, vomiting, mouth or throat pain, hoarseness, injury to vocal cords, teeth, lips, mouth or eyes, memory dysfunction/memory loss, permanent organ damage, brain damage, awareness during the procedure under anesthesia, injury to blood vessels, vomiting, aspiration, pneumonia, headache, shivering.

_____Monitored Anesthesia Care with sedation (Conscious sedation OR deep sedation)--An unconscious state, depressed breathing, injury to blood vessels, permanent organ damage, memory dysfunction/ memory loss, brain damage, nausea, vomiting, mouth or throat pain, hoarseness, injury to mouth or teeth, aspiration, pneumonia, headache, shivering, permanent organ damage, brain damage, potential to convert to a general anesthetic if the sedation is not adequate or in cases of emergencies.

I understand that no promises have been made to me as to the result of anesthesia methods.

I have also been given an opportunity to ask questions about my anesthesia methods, the procedures to be used, the risks and hazards involved, and alternative forms of anesthesia. I believe that I have sufficient information to give this informed consent. I acknowledge that I have read this form or 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 decisions.

_____ _____
Patient's Signature Date and Time

_____ _____
Patient's Legal Representative Date and Time

_____
Relationship to Patient

_____ _____
Signature of Anesthesiologist Date and Time

Safe Dental Sedation