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Anesthesia Consent

1. I am asking for me or my child to receive anesthesia services from Mile High Dental Anesthesia during dental treatment. I understand the anesthesiologist will be present for the entirety of the procedure.
2. I understand that regardless of the type of anesthesia (general or IV sedation) that will be provided, inherent risks exist. The following represent some, but not all, of the common foreseeable risks that can occur: sore throat, hoarseness, nausea, vomiting, injury to eyes, bruising or tenderness at the IV or IM site, or headache. **Rare but serious risks that may occur include but are not limited to: changes in blood pressure, drug reactions, cardiac arrest, stroke, brain damage, nerve damage, paralysis or death. These events would require emergency transport and hospitalization.**
3. I understand that I am responsible for the costs of treating any potential complications that require additional medical intervention.
4. I understand that medications that I am taking may cause complications with anesthesia. I have informed my anesthesiologist about any medications (prescribed, over the counter, or illegal) that I am now taking.
5. I understand that I/my child must not eat or drink anything as instructed by my anesthesiologist. These restrictions are for the safety of the patient.
6. **I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE CONSENT FOR ANESTHESIA** and that the explanations therein referred to were made. I acknowledge that I have had the opportunity to discuss the anesthesia procedure with the doctors concerned and I have received answers to all questions asked.

Name of Patient: _____

Patient/Guardian Signature: _____ Date: _____

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