



Anesthesia Consent Form

The following is provided to inform patients of the choices and risks involved with having treatment under anesthesia and enable them to be better informed concerning their treatment.

It is the understanding of the undersigned that the anesthesiologist will have full charge of the administration and maintenance of the anesthesia, and this is an independent function from the surgery.

I understand that procedures not discussed, but deemed necessary or advisable as an immediate consequence of the anesthesia may be performed.

Listed below are complications that may be associated with general anesthesia. Serious complications are very rare.

Common Complications Associated with General Anesthesia:

Pain and/or bruising at your intravenous (IV) site, Sore throat and/or hoarseness, Muscle aches, Nausea and/or vomiting.

Uncommon Complications Associated with General Anesthesia

Headache, Injuries to lip or teeth from airway instruments and/or devices, Unexpected drug reaction, Infection at or around intravenous sites, Bleeding/Injury to nose due to passage of tubes, Lung Infection, Corneal Abrasion, Weakness in breathing after awakening, Nerve damage.

Rare Complications Associated with General Anesthesia

Heart injury, Brain damage or death.

I understand that anesthetics, medications, and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing the anesthesiologist of a possible or confirmed pregnancy with the understanding that this will necessitate the postponement of the anesthesia.

I hereby authorize and request Joy Anesthesia and it's contracted providers to perform the anesthesia as previously explained to me, and any other procedures deemed necessary or advisable as an immediate consequence of the planned anesthesia. I consent and authorize:

___ Intravenous Sedation or Monitored Anesthesia Care

___ General Anesthesia

___ Regional Anesthesia

Patient / Parent / Legal Guardian Signature _____ Date _____

Patient / Parent / Legal Guardian Name (Print) _____

Witness Signature _____ Date _____

Witness Name (Print) _____

Anesthesia Provider Signature _____ Date _____

Anesthesia Provider Name (Print) _____

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