



Patient Sticker

## REQUEST FOR AND CONSENT FOR ANESTHESIA

Modern anesthesia is relatively safe and uneventful so that virtually everyone can be afforded its benefits. Most operations can be performed utilizing general anesthesia, spinal anesthesia, epidural anesthesia, nerve block, local anesthesia or a combination of these. The type of anesthetic drug(s) and technique(s) will be decided by your anesthesiologist after discussing the choices and medically acceptable alternatives with you. Every type of pain relief (anesthesia) has certain risks and hazards that are known by your anesthesiologist. Unexpected reactions may occur, however, and vary between patients where medical conditions appear otherwise similar.

Risks and hazards which are recognized by anesthesiologist and anesthetists as substantial and which can occur regardless of the experience, care and skill of the anesthesiologist/anesthetist include, but are not limited to, airway injury, esophageal injury, infection, allergic reactions specific to the type of anesthesia utilized, pneumonia, phlebitis (inflammation and infection of the veins), nerve injury or paralysis, damage to or failure of the heart, liver, kidneys, and/or brain, and death. With an epidural or spinal anesthetic, the patient may have headache, seizure, nerve injury, bleeding, infection, high level of anesthesia necessitating intubation and ventilation. In most cases, these hazards and risks are rare. Your anesthesiologist will do his/her best to protect you from such risks and hazards, but no guarantee as to the outcome of your anesthetic can be made. I also acknowledge that dental injuries may result from a number of factors, including many that are beyond the control of the anesthesiologist. Such injuries include, but are not limited to, damage to bridgework, dental crowns, caps, fillings, metal or porcelain amalgams, and injury or loss of teeth. Pre-existing conditions, the state of dentition and uncontrollable reflexes that occur during the initial and final stages of anesthesia may contribute to dental injuries during intubation.

At this facility, your anesthesia care will be provided by an anesthesia care team that consists of anesthesiologist and nurse anesthetists. Dr. \_\_\_\_\_ has talked with the patient and/or his/her designated representative on the date indicated below about the anesthetic to be administered for the patient's operation/procedure.

The undersigned consent(s) and authorize(s) a member of Anesthesiologists of Greater Orlando or whomever he/she designates as his/her assistants to administer such anesthetics as he/she may deem advisable in the patient's care; provided, however, if any unforeseen condition arises in the course of the administration of the anesthetic(s) calling in his/her judgment for procedures or anesthetics in addition to or different from those contemplated. I/we further authorize him/her to do whatever he/she deems advisable and in the patient's best interest.

I/we request that the patient be anesthetized for the patient's operation.

I/we have read, or have had read to me, and fully understand this consent, and the explanations referred to in this consent were made.

Although all efforts are taken to prevent dental injury, and the risk of dental injury during anesthesia is low, I/we assume all risks and fully release the anesthesia care team from liability for any injury or damage to teeth caused by factors that are beyond their control.

\_\_\_\_\_  
Signature of Patient or Authorized Representative

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date/Time