

# Anesthesia Connections Dental, LLC.

## Informed Consent for Anesthesia Services

All forms of anesthesia involve some risks and no guarantees or promises can be made concerning the results of my procedure or treatment. **ALTHOUGH RARE, SEVERE UNEXPECTED COMPLICATIONS CAN OCCUR WITH EACH TYPE OF ANESTHESIA, INCLUDING THE POSSIBILITY OF INFECTION, BLEEDING, DRUG REACTION, AWARENESS, BLOOD CLOTS, LOSS OF SENSATION, LOSS OF VISION, LOSS OF LIMB FUNCTION, PARALYSIS, STROKE, BRAIN DAMAGE, HEART OR DEATH.** I understand that these risks apply to **ALL** forms of anesthesia and that additional or specific risks have been identified below as they may apply to a specific type of anesthesia. I understand that the type(s) of anesthesia techniques below may be used for my procedure and that the anesthetic technique to be used is determined by many factors including my physical condition and coagulation status, the type of procedure my doctor is to do, his or her preference, as well as my own desire. It has been explained to me that sometimes an anesthetic technique involves the use of local anesthetics, with or without sedation, and may not succeed completely, therefore another anesthetic technique may have to be used including general anesthesia.

<input type="checkbox"/> <b>General Anesthesia</b> (with or without endotracheal tube or laryngeal mask airway)  <input type="checkbox"/> <b>IV Anesthesia</b>	Expected Result	IVA – anxiety, deep sedation or unconscious state GA – unconscious state IVA/GA – possible placement of tube in windpipe or mouth
	Technique	Drug injected into bloodstream, breathed into lungs or other routes
	Risks (not limited to)	Mouth or throat pain, hoarseness, injury to mouth or teeth, unintended awareness or recall, injury to blood vessels, soft tissue injury, eye injury, nausea, vomiting, aspiration, pneumonia
<input type="checkbox"/> <b>Spinal or Epidural</b> (with or without sedation)	Expected Result	Temporary decreased or loss of feeling and/or movement to the lower part of the body
	Technique	Drug administered through a needle or catheter placed either directly into the spinal fluid or immediately outside the spinal canal in the epidural space
	Risks (not limited to)	Headache, backache, seizures, persistent weakness or numbness, residual pain, injury to blood vessels, infection, bleeding, sheared catheter tip
<input type="checkbox"/> <b>Major or Minor Nerve Block</b> (with or without sedation)	Expected Result	Temporary decreased or loss of feeling and/or movement of a specific limb or area
	Technique	Drug administered near nerves to provide loss of sensation to operative site
	Risks (not limited to)	Intravenous local anesthetic injection, seizure, persistent numbness, pain or motor loss
<input type="checkbox"/> <b>Monitored Anesthesia Care (MAC)</b> (with or without sedation)	Expected Result	<u>With sedation</u> – Monitoring of vital signs by anesthesia personnel, reduced anxiety and pain, partial or total amnesia  <u>Without sedation</u> – Monitoring of vital signs by anesthesia personnel
	Technique	<u>With sedation</u> – availability of anesthesia personnel for further intervention, sedative drugs administered into vein producing a semiconscious state  <u>Without sedation</u> – Availability of anesthesia personnel for further intervention
	Risks (not limited to)	Anxiety and/or discomfort, need for anesthetic medications or interventions, an unconscious state, depressed breathing, insertion of nasal or oral airways, soft tissue injury or burns, awareness

I hereby consent to all medically necessary anesthesia services and procedures, which will be provided by *Anesthesia Connections Dental, LLC*. I understand that the anesthesia will be administered by a board-certified or board-eligible anesthesiologist. I also consent to an alternative type of anesthesia, in medically necessary.

**I understand the risks, alternatives and expected results of the anesthesia service and that I had ample time to ask questions and consider my decisions.**

\_\_\_\_\_  
Patient or designated Decision Maker

\_\_\_\_\_  
Relationship (if not patient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date